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MEDICINE AND MORALS IN THE ENLIGHTENMENT: JOHN GREGORY, THOMAS PERCIVAL AND BENJAMIN RUSH

Lisbeth Haakonssen

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I dedicate this book to Knud

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Contents

	Acknowledgements	x
1.	Interpreting Eighteenth-Century Medical Ethics	1
	Etiquette and Monopoly	2
	Divided Foundations	2
	Guild and Profession	3
	Etiquette	5
	Practical Men	5
	Monopoly	6
	Sympathy and Contract	8
	Gregory's Real Ethics	8
	Percival's Non-Ethics	9
	Gisborne's Implied Contract	9
	Percival and Gisborne	10
	A New Interpretation	11
	Scientific Medicine	12
	The Ideal Medical Character	20
	Practical Ethics	28
	Malpractice	31
	Enlightened Self-Interest	33
	Manners and Morals	34
	Genre	35
	Notes	36
2.	John Gregory: Medical Ethics and Common Sense	46
	Personality and Profession	46
	Life and Career	46
	Professor and Doctor	48
	The Art and Science of Medicine	54
	The Education of a Physician	56
	A Baconian Reformer	59
	Science and Fiction	62
	The Laying Open of Medicine	65
	Duties of a Polite Profession	70
	The Sympathy of Dr Gregory	70
	Intellectual Duties of a Liberal Profession	74
	Morals and Manners Between Physician and Patient	76

Материал, защищенный авторским правом

	Duties of Physicians to Each Other	79
	Medicine and Religion	82
	Benevolent Deceptions	83
	Notes	85
3.	Thomas Percival: The Duty of Public Office	94
	Character and Context	94
	Dissenting Background	94
	Warrington Academy	96
	The Ideal of Candour	100
	A New Curriculum	102
	Edinburgh and Manchester	108
	Percival's Medical Career	110
	Thoughts on Hospitals	114
	Percival's Character	119
	Middlemarch and Manchester	120
	Medical Ethics and Medical Practice	122
	The Physician's Contract	122
	Percival's Intentions	126
	Hospital and Profession	129
	The New Gentleman	134
	The Ethics of Hospital Practice	140
	Professional Rivalry	141
	Consultations	145
	The Physician–Patient Relationship	148
	The Duties of a Virtuous Physician	154
	Lunatics and Loose Women: or Personhood	158
	Gloomy Prognostications	167
	Benevolent Deception	171
	Notes	173
4.	Benjamin Rush: *Medical Ethics* for a New Republic	187
	Character and Connections	187
	Early Life and Education	187
	Edinburgh (1766–1768)	190
	London, Paris and Philadelphia	195
	Medical Science	200
	Medicine and the Mind	200
	The Full Scope of Medicine	206

Материал, защищенный авторским правом

Medicalized Ethics 216
Sympathy and Mutual Duties 216
Physicians' Duties to Each Other 219
The Duties of Patients to Their Physicians 220
The Ideal Physician 223

Notes 226

Epilogue 235

Notes 238

Index 239

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1

Interpreting Eighteenth-Century Medical Ethics

Just as an aspiring profession must develop a code of ethics, so too, it seems, must the profession find progenitors whose existence gives it a respectable history. The authors of one popular text-book, for example, have suggested that historical inquiry is essential to the modern study of medical ethics because its philosophical premises, and the models of physician responsibility in which they are expressed, are derived from and cannot be understood apart from its historical roots.[1] In view of the flourishing of Anglo-American medical ethics, it is therefore not surprising that the history of this subject has been cultivated with increasing seriousness in recent years. In the process, a clear paternity has been claimed on behalf of John Gregory (1725–73), Thomas Percival (1740–1804) and, to a lesser extent, Benjamin Rush (1745–1813). John Gregory's *Lectures on the Duties and Qualifications of a Physician* (1772) and Thomas Percival's *Medical Ethics* (1803) were judged by their contemporaries as well as by later critics to be the most important works of medical ethics in Britain. Benjamin Rush's *Observations on the Duties of a Physician* (1789), and his subsequent lectures in medical ethics, were among the earliest and, arguably, most important American contributions to this field.

While the history of medical ethics has been cultivated for the sake of contemporary debates in the field, it has also been approached historically. General histories of medicine have often included discussion of moral theories pertaining to the profession, but, more importantly, in recent years medical ethics has been included in the agenda of social historians who have provided a wealth of information about the social, institutional, and political conditions under which works in medical ethics, such as those of the

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three 'founding fathers', were produced. This work has been bolstered by historically minded sociologists drawn to medical ethics in an attempt to understand the development of the professions and professionalization in general.

The inquiry by historians, philosophers, and sociologists has yielded a number of valuable results, but it has hardly exhausted the topic. A perspective that has been notable for its absence is that of intellectual history, understood both as the history of ideas and as the history of the textual presentation of ideas. This situation has begun to be remedied by a couple of valuable recent articles – to be discussed below – and the present work is intended as an effort in this direction. My concern is with the ideas that are put forward in the relevant works of Gregory, Percival, and Rush; with the intellectual premisses for these ideas and with their textual expression. Furthermore, I discuss the ways in which the three philosophical doctors' medical ethics fitted into a much wider and more intricate intellectual context than hitherto understood as well as into the social context outlined by the historians. And, taking the unfashionable view that past authors' intentions form some part of history, I discuss what the three meant and intended with their texts. This has in any case become necessary because so much of the existing literature, despite its historical intent, has proceeded *ad hominem* in its interpretation of the suggested foundation of modern medical ethics. The outcome of my argument is an historical picture of considerable complexity which, while it allows interesting parallels across the centuries, makes it a more open question than before whether and in what sense Gregory, Percival, and Rush founded modern medical ethics.

Etiquette and Monopoly

Divided Foundations

While the historians and sociologists who have presented the idea that modern medical ethics was founded in the latter half of the eighteenth century through Gregory and Percival, with Rush as an occasional fellow-traveller, naturally have varied in their views, a clear overall picture is nevertheless apparent. Gregory and Percival are seen as transitional figures from a world in which the medical profession in its various branches must be understood in terms of the guild, in which there was a strict hierarchy within the profession, descending from physicians through surgeons to apothecaries, and in which the physicians (guild or not) set the tone of individualistic, gentlemanly (even aristocratic) practice. The

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transition was to the modern world of an increasingly stream-lined profession for whom institutional, rather than private practice is the core. Gregory and Percival are seen as contributing in very different ways to the change in the ethics accompanying this development of the profession. Gregory, it is suggested, pioneered the idea that the relationship between practitioner and patient is at the centre of all medical ethics, a concern that is largely absent not only from traditional Hippocratic ethics, but also from Percival's attempt at a medical ethics. The latter was, on this view, rather the progenitor of the codes for professional self-regulation that were adopted by the various medical associations and eventually became the hallmark for modern professionalism. Gregory has thus appealed to the philosophically minded, while Percival has been the object of critical socio-historical analysis. The latter presents by far the most extensive literature but the main points, and the ones of relevance here, can be briefly summarized.

Guild and Profession

In his influential book, *The Medical World of the Eighteenth Century*, the physician-historian Lester King included a chapter on the development of medical ethics.[2] According to King, early modern medical ethics was inseparably connected with guild organization, and this led to the development of codes or regulations which reflected the power and influence of the guild. To the extent that modern medical ethics is concerned with these rules it reflects its origins in the Royal College of Physicians founded in London early in the sixteenth century. King showed that the contractual relationship between the sovereign and the physicians was explicit. The latter received a charter granting a strict monopoly in certain goods or services while the former received a guarantee of a high standard of service.[3] King noted that 'the guild, like its modern derivatives, existed only on a *quid pro quo* basis' and '[to] grasp the *quid* without rendering suitable return, to flout public welfare for private aggrandizement, created an unstable situation that is basically immoral'.[4] And, as his account sought to demonstrate, much of the impetus for the development of modern medical ethics arose from the conflict between those who were protected by the guild and those who were not, i.e. between the physicians, on the one hand, and, on the other, the surgeons, apothecaries, midwives, various irregulars and quacks.

This conclusion was reinforced a few years later in Richard Shryock's *Medicine and Society in America: 1660–1860*. Shryock also

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drew attention to the British guild traditions that resulted in the tripartite division of medical practice into physicians, surgeons and apothecaries. Shryock suggested that the professional structure of medicine could be explained in terms of these groups and their respective rights and privileges. He observed that the functions of one group often overlapped those of the others and that sometimes co-operation ensued and at other times there was considerable friction. The guild ideals, Shryock said, were deeply embedded in this hierarchical structure. The physicians were and always had been the elite group. They boasted a university education, practised among the upper classes, and were addressed as doctor regardless of the degree they had received. Because they were gentlemen and scholars, they did not, at least in theory, work with their hands like the surgeons or engage in trade like the apothecaries. These distinctions were usually ignored in the provinces, but were generally upheld in such cities as London and Edinburgh and the larger towns such as Bristol and Manchester.

Surgeons, on the other hand, were trained through apprenticeship and hospital instruction and generally did not have a university degree. They were (as they still are in Britain) addressed as plain 'mister'. They dealt chiefly with 'structural emergencies, superficial growths, and skin diseases'. Surgeons practised on all social levels but were considered the inferiors of the physicians. Similarly, the third group, the apothecaries, were trained by apprenticeship and in the hospital wards. They engaged in trade, dispensing and sometimes prescribing drugs, and acted as the general practitioners to the poor.

Shryock suggested that English professional distinctions broke down or were deliberately abandoned in the American environment. However, in the larger colonial towns, at the end of the eighteenth century when more British-trained American physicians began to dominate the practices, real MDs were recognized and were thus able to maintain a superior status despite the fact that they were, more often than not, general practitioners who performed surgery and who dispensed drugs from their own shops. Even without the guild pretensions that produced such bitter rivalry in Britain, the American physicians 'bickered among themselves and at times engaged in open controversies'. Benjamin Rush (who provoked more than a few controversies himself) claimed that 'the whole odium of the hostility of physicians to each other' derived from nothing more than 'competition for business and money'.[5]

For Shryock, as for King, the origins of medical ethics could not be separated from patterns of guild behaviour and the tensions

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which arose from rivalry between the different ranks of the profession or between members of the same group.

Etiquette

The suggestion that the role of medical ethics could be a means of solving disputes between the various branches of the profession was, on this interpretation, epitomized in the first work to be entitled *Medical Ethics*, namely Percival's book from 1803. And the practical function explained the most puzzling feature of the book, namely that it did not seem to contain anything of substance that could be called medical ethics proper. As Chauncey Leake concluded in 1927 in his edition of *Medical Ethics*, 'Percival's famous book was really a manual of medical etiquette, an Emily Post guide, as it were, to proper professional conduct. It was unfortunately misnamed medical ethics.'[6] The distinction between medical etiquette and medical ethics is, according to Leake, that the former 'is concerned with the conduct of physicians toward each other and embodies the tenets of professional courtesy'. Medical ethics 'should be concerned with the ultimate consequences of physicians toward their individual patients and toward society as a whole, and it should include a consideration of the will and motive behind this conduct'.[7] By bringing a twentieth-century distinction to bear without qualification on an eighteenth-century text, Leake set the pattern for one of the most persistent points in the critical analysis of Percival.[8] Percival's 'code dealt more with etiquette than with ethics, and so had more bearing on guild interests than on those of the public'; and, a little more generously, his '*Medical Ethics* was a little more than a pragmatic code and a little less than a systematic treatise'.[9]

Furthermore, whenever Percival turns his attention from the internecine wars of the profession to the patient, his rules of 'etiquette' have often been found offensive. Carleton B. Chapman, for example, takes up Percival's suggestion, which Chapman takes as representative for the work as a whole, that 'Physicians should unite tenderness with steadiness and condescension with authority.'[10] Assuming that 'condescension' meant the same in the eighteenth century as today, Chapman takes this as evidence for how far Percival had strayed from the 'noble injunctions' to serve the patient that he found in another contemporary ethicist, Thomas Gisborne.

Practical Men

Closely connected with the idea that eighteenth-century medical ethics, in particular Percival's, was concerned with the settling of

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professional disputes through establishment of a code of etiquette, is the common suggestion that the authors concerned were pre-eminently practical men, reflecting the concerns of their peers, and certainly not philosophers or theoretical minds.[11] Often the practical man is seen as the English gentleman-amateur, Percival being, again, the exemplar.[12] On this view, it would therefore be a mistake to seek explanations of the Percivalian code in high philosophy; as a practical book it had to be understood in terms of the socio-political and institutional role of its author. Ivan Waddington thus agreed with Lester King, that Percival did not set out to explore 'any vague ethical generalities' but to establish harmony among the warring factions of the Manchester Infirmary in 1792 and concluded in general terms that the development of codes of medical ethics was not

> the outcome of any special interest on the part of medical men in the formulation of abstract philosophical principles; indeed, the probability is that medical men were no more given to abstract philosophical speculation than was any other section of the educated classes. Rather, the growing concern of medical men with ethical problems has to be seen as a practical concern which arose from and represented an attempt to resolve certain recurrent problems with which they were faced in the day-to-day practice of their profession.[13]

Monopoly

While one historian in a particularly valuable recent essay has pursued the narrow mode of explanation in terms of Percival's immediate institutional setting, the Manchester Infirmary,[14] most interpretation in this vein has worked with the broad theoretical idea of monopolization. The view of Percival's work as a prototypical charter of modern medical monopolization had its roots in the work of historians such as King, Leake, Burns and Shryock but it was subsequently reinforced by two equally influential sociologists of the professions, Jeffrey Berlant and Ivan Waddington.[15] Concentrating on Berlant, we note that he used Max Weber's theory of monopolization to determine whether or not eighteenth-century medical ethics had monopolistic tendencies. He discovered in Percival's ethics a host of such tendencies but in Gregory's ethics very few. He concluded that while Gregory had actively discouraged guild privileges, Percival consciously encouraged them:

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> the discovery of a monopolistic tendency in Percivalean ethics is probably not fortuitous. The affinity between Percivalean ethics and the corporation system is also probably not fortuitous ... the conservative Percival wrote his ethics at a time when the elitist medical corporations had come under democratic attack, particularly by economic liberals. As an apology for the corporations, Percival's work was superb: as a means for integrating the profession, it was unsurpassed. As an instrument for solidarity, it was particularly suitable for extending the monopolistic controls of the RCP [Royal College of Physicians] to the newly professionalized surgeons and apothecaries.[16]

In similar attempts by the philosophic commentators to understand the differences between Gregory and Percival, the monopoly thesis about the latter was taken further. Laurence McCullough, for example, suggested that Percival's reduction of medical ethics to claims to and expressions of authority by physicians was the reason why *Medical Ethics* was such a seductive model for the early American medical societies desperately in search of professional status:

> a principal concern of these initial attempts to organize medicine was to gain monopoly power over the practice of medicine. This interest appears in the introduction of the first 'Code of Medical Ethics' of the American Medical Association, where it is claimed that the obligations of the physician imply certain rights of the physician, including rights to non-interference by society .... Thus, the theme of authority and power that seems to have begun in Percival receives a powerful and influential formulation in the first professional code of ethics of organized medicine in the United States.[17]

Berlant drew up further contrasts between Percival and Gregory that were to become fixtures of the critical literature. He argued that in Percival's ethics there is evidence of a rejection of competition and the 'economic liberalism of thinkers such as Adam Smith' in favour of 'the ideals and ideology of the gentleman'.[18] He also contrasted Gregory's elevation of the moral and intellectual powers of the individual with Percival's emphasis on strength through group identity, a contrast which evoked the stark dichotomies of liberality versus authoritarianism, freedom versus formalism. According to Berlant, Gregory represented the liberal wing of Enlightenment medicine and Percival the conservative:

> for Percival, the Enlightenment and rationality were available only to elites paternalistically bound to assume the burden of protecting the public. For him, the only conceivable authority in medical

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> matters was the practising medical profession as represented by the licensing bodies of the Royal Colleges. In his perspective, if physicians would only rise above the temptations of personal interest, society would be well served. Gregory rejected much of this formulation, claiming that the public was capable of assuming more responsibility for its own medical welfare than Percival would allow, and that the medical practitioner compromised some of the goals of the profession.[19]

Sympathy and Contract

Berlant's outline of the good-guy/bad-guy history of eighteenth-century medical ethics provides a suitable transition to the philosophers' perspective. When modern medical ethicists have turned an occasional historical gaze to the older works, they have on the whole been more than ready to reinforce the historians' and sociologists' rejection of Percival's theoretical credentials.[20]

In Gregory's ethics, by contrast, one can, on this view, find a model of physician responsibility with comforting similarity to the modern ideal. What is more, Gregory, the 'exhortatory idealist', based his moral precepts on discernible moral principles and may therefore be said to be the true father of modern medical ethics. While this general line of interpretation is to be found in several writers, it has been developed in particular by Laurence McCullough in his contribution to the *Encyclopedia of Bioethics* and in some subsequent articles.[21] McCullough's argument can be summarized as an opposition between Gregory's real ethics and Percival's lack of an ethics proper in the following manner.

Gregory's Real Ethics

In the Camelot of medical ethics, Edinburgh circa 1770, when Gregory wrote his *Lectures*, there appeared 'a complete or comprehensive medical ethics' in which a philosophical basis for duties as well as virtues and etiquette was evident. This moral basis was the concept of sympathy which Gregory derived directly from the moral philosophy of David Hume. In this view sympathy was understood as 'a natural disposition to experience the feelings of another and, based on the pleasure or pain accompanying those feelings, judge the moral status of an action that arouses those feelings'.[22]

Gregory thus created an ethics in which sympathy provided a basis for all the physician's obligations and at the same time guaranteed the primacy of the patient's interests over those of the

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physician. This, according to McCullough, included matters of etiquette, such as the courtesies of consultation, which otherwise might be viewed as possessing little or no moral content. Because there is a recognizable moral theory underlying Gregory's precepts, his ethics was 'complete', 'comprehensive' and 'free standing'.[23] What is more, this ethics was a complete break with the old Hippocratic tradition; it was instead a true Enlightenment doctrine. Universalistic and rational, it was not marred by the professional idiosyncrasies, religious sectarianism and cultural parochialism of the past. Sadly, however, this philosophically informed view was lost and had to be reinvented by twentieth-century medical ethicists.

Percival's Non-Ethics

McCullough, like his predecessors, claimed that the rot set in with the publication of *Medical Ethics*. Unlike Gregory, Percival provided scant moral basis for his precepts and thus 'broke the systematic connection between the duties and virtues created with Gregory'.[24] Devoid of a moral theory, such as Gregory's Humean sympathy, Percival's ethics impoverished the subject, and this is reflected in those formal documents that were built directly on Percival, such as the first code of the AMA:

> The moral groundings that the authors of this code mention are anemic indeed: Medical ethics, as a branch of general ethics, 'must rest on the basis of religion and morality. They comprise not only the duties, but also, the rights of a physician ...'. Nothing more is said that in any way substantially elaborates on this claim.[25]

In the eyes of another critic, Percival's destruction of what could have been was not so much a matter of philosophical ineptitude but of wilful negligence, and what he neglected was even better than Gregory. According to Carleton B. Chapman,[26] Percival based his ethics on a form of social contract expressly designed to favour the physician's interests over those of the patients. It was, he insists, a conscious act, because at the time he wrote his *Medical Ethics* Percival had, readily available, another more appropriate model of social contract. This was the 'unwritten contract' which underlined a well-known book of practical ethics written by Percival's friend, the Rev. Thomas Gisborne (1758–1846).[27]

Gisborne's Implied Contract

Gisborne, according to Chapman, rightly insisted that the performance of the physician's duties, including the rules of

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professional etiquette, were entailed by the very office of the physician. By undertaking the role of a physician, a man virtually guaranteed to perform the pertinent duties as if he had entered into a contract,

> for he knows that it is universally expected when he undertakes the case of the sick man; and consequently if he neglects to fulfill them, he is guilty of a direct breach of his engagement.[28]

Chapman claims that while Percival praised Gisborne 'extravagantly', he did not base his own ethics on this contract, despite its being a solid declaration of the primacy of patients' rights. He suggests that John Gregory, too, was 'less advanced in thought than Gisborne'. In fact, for Chapman the unwritten contract between patient and physician evident in Gisborne's chapter on the duties of physicians was nothing less than a lost moment in the history of moral ideas in medicine. And sadly, while the works of Percival and Gregory prevailed, Gisborne's 'mainly gathered dust on library shelves'.[29]

Percival and Gisborne

The scholarly dusting off of Gisborne has, however, recently gathered momentum, but this time a different philosophical scene is being revealed. In one of the most interesting contributions to the field, Robert Baker has suggested that, far from being neglected by Percival, Gisborne's ideas were fundamental to the former's *Medical Ethics*.[30] Furthermore, Baker stresses that Percival also follows in the footsteps of Gregory (thus coinciding with my own earlier work).[31] The central points in Baker's case are that Percival found his 'conceptual underpinnings' in Gregory's idea of a moral sense that enabled people to judge behaviour equally in any person, and that this led Percival towards a radical egalitarianism both between private patients and patients in the public hospital, and between practitioner and patient. This egalitarianism follows from the two fundamental virtues of justice and humanity.[32]

Baker argues that while Percival could find support in Gregory for these fundamentals, he had to turn to Gisborne for ideas that would help him work out a social ethics for the profession as a whole and, especially, for the new situation created by the growing importance of the public hospital. The central concept is that of a link of implied contracts; first, a contract between the government and the profession whereby the former bestows certain privileges and the latter undertakes to provide public benefits professionally;

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second, a contract between the profession and its patients, whereby the former undertakes to exercise its best expertise and care in return for recognition of its authority; and third, a contract between the individual practitioner and the profession, whereby the former enjoys the protection and status of the profession in return for submitting to a certain amount of regulation by the latter. Hence Percival's Gisbornian emphasis on the concept of an *office* and what this implies. Baker stresses in particular the importance of the third implied contract because this is the clue to Percival's idea of medical ethics as an 'intersubjective' or social or collective form of ethics. To the theories of Gregory and Gisborne, then, Percival added the accumulated experience with specific problems presented to him by his peers and thus created a pathbreaking, 'brilliantly syncretic work ... that was to dominate Western medicine, especially in the English-speaking world, for over a century'.[33]

A New Interpretation

My interpretation of eighteenth-century medical ethics varies considerably from most of the scholarship outlined in the preceding sections. While the substance of my case must unfold through the following chapters, it will be useful first to indicate my differences with the existing literature by drawing up the main lines of my reading.

For a start, it is a mistake to see a fundamental split between Gregory and Percival. In this Baker is quite right. But I will show that the link between the two was not simply Percival's borrowing of some moral-sense and virtue phrases; they were joined much more deeply by sharing a common tradition of moral thought, one in which Gisborne, as we will see, was just the latest text-book writer. The main task, therefore, is to identify this tradition correctly. I will show that Gregory, Percival and Rush were dependent upon a mainly Scottish tradition in ethics that has little to do with the issues that concern modern philosophers. This was the tradition of practical ethics that was established academically by people such as Francis Hutcheson and George Turnbull, which was developed by Common Sense philosophers such as Thomas Reid, and which, by the time our doctors adopted it, was the common-place in moral education in both Britain and North America. It was a tradition that very effectively adapted Protestant natural law and, through that, a scheme of duty-ethics of particular relevance to medicine. The doctors combined these ideas with a forceful Baconianism, of which they took both the ancient Hippocrates and the modern Herman

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Boerhaave as representatives, and according to which the serious pursuit of science was at the heart of being a good doctor. The investigation of nature was one of the duties imposed by natural law; every new piece of knowledge imposed a duty to use it for the betterment of God's creation and this required that science be open and shared, not private. Behind natural law and science stood religion, a matter that was of the utmost importance to all three doctors but which is often ignored in the modern literature.

The medical ethics that Gregory, Percival and Rush constructed from these materials was an attempt to create – and to understand – a public sphere in which their profession could function. It was public but distinctly not political. All three men were conservatively apolitical in the sense that they saw preservation of the basics of their political society as the only solid foundation for civilized life. Civilization for all three included reform and improvement; so in order to have change without endangering political society as such, one had to understand how to separate the political from the non-political spheres of life. The three doctors were, in other words, nearly perfect representatives of what John Pocock has called the conservative Enlightenment.[34]

Scientific Medicine

Separated by time and place, the lives and careers of Gregory, Percival and Rush were nevertheless connected in several important ways. Gregory was a Scot who practised and taught medicine, first in his home-town of Aberdeen, then in Edinburgh. Percival, an English Dissenter, spent most of his professional career as a physician and health reformer in Manchester. Rush taught and practised medicine in Philadelphia. All three, however, received a classical education at Presbyterian colleges and a medical education at the University of Edinburgh.

Edinburgh and Presbyterianism connected the three physicians and provided the common stock of ideas and ideals which characterized their medical ethics. They moreover consciously participated in a shared project. Soon after Gregory took up the chair of medicine at Edinburgh, Rush became his pupil. Although Percival left the University the previous year, he too maintained close ties with the Edinburgh professoriate. Gregory's ethics, as he acknowledged, had greatly influenced his own study of medical morals. The Edinburgh connection also brought Percival and Rush into contact, and for many years they enjoyed a fruitful professional correspondence.[35] A key institution in the flourishing of intellectual

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culture now known as the Scottish Enlightenment, the University of Edinburgh played a central role in the development of modern medicine.[36] It is in this dual context that the works of our three authors belong.

Founded by the Edinburgh Town Council in 1726, the Edinburgh School of Medicine was closely modelled on one of the greatest medical institutions of the seventeenth and early eighteenth centuries, that of Leyden in the Netherlands. Although the Scottish school would eventually develop its own pedagogical model, the medicine taught in the early years was based almost exclusively on the medical system of Herman Boerhaave, then Europe's most illustrious medical teacher. The foundation professors at Edinburgh, who were Gregory's teachers, had nearly all been students of Boerhaave in Leyden and, like many of their continental colleagues, they returned to their native soil to help create a new medical school. It should be noted, however, that the flow of medical ideas was not only in one direction. Boerhaave had himself been taught at Leyden by an Edinburgh physician, Archibald Pitcairne, and his system of medicine was heavily influenced by the scientific thought of the great British empiricists, Francis Bacon, William Harvey, Robert Boyle and Thomas Sydenham. It was also based on the experimental natural philosophy of Isaac Newton whose ideas were, even then, well established in Scotland.[37]

Boerhaave was a great medical reformer who taught that free, open and rational modes of thought were a necessary part of medical science and set about creating these conditions in Leyden. It has been suggested that his theory of medicine was successful because it was designed to reconcile opposing factions within the medical community. Boerhaave's medicine, like the theological doctrines of the moderates within the Dutch and the Scottish Churches, helped to foster a spirit of tolerance and reconciliation which was desperately needed. It was also eminently teachable and flourished in Germany, France, Scotland and Colonial America.[38]

The founders of the Edinburgh school and its first professors shared with Boerhaave a loathing for all forms of sectarianism, religious as well as medical. It was, they agreed, sectarianism with its catalogue of vices – secrecy, pedantry, bigotry, antiquated metaphysical systems, superstition and enthusiasm – that created the conditions which arrested the development of science. To counter these enemies of progress, Boerhaave and his Edinburgh followers instigated a revival of Hippocratic learning. The Hippocratic corpus was to be the bible of scientific medicine and the truths of

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Hippocrates the basic verities on which an uncontroversial and universally acceptable medical system would be constructed. Eventually a new Hippocrates emerged who spoke in Baconian cadences and who, not surprisingly, espoused the popular mechanist philosophy of Newton and Boyle adopted by Boerhaave and his Edinburgh disciples. Boerhaave's 'new-modelled' Hippocrates represented the values and aspirations of some of the century's most eminent medical theorists and it was through their teaching and writing that the tradition continued and the figure of Hippocrates emerged as the guiding spirit of Enlightenment medicine.

The use of Hippocrates as a conduit for medical reform has been obscured by the fact that he was studied critically. The Enlightenment was an age that purported to accept authority on merit alone, and Hippocrates passed the test with flying colours. From the podiums of Edinburgh, in the transcriptions and publications of philosophical and medical societies, and in the mass of medical essays, the opinions, practices and theories of Hippocrates were scrutinized by physicians eager to judge these matters for themselves and, not least, to be seen to be exercising this freedom of judgement.[39]

The appearance of ambivalence toward the Hippocratic tradition was also connected to the fact that this was an age both obsessed with and extremely wary of grand systems. While the Hippocratic system was judged by its critics to be as fallible as any other, two features in particular, Hippocrates's method of acquiring knowledge and concern for its moral importance, were declared to be great contributions to science. On this view, he was not only the father of medicine and medical ethics but the first medical scientist. He was, it was argued, the first to teach that the physician's book of knowledge was *Nature* herself, and that it was only by observation, experiment and reasoning that medicine could purge itself of errors and emerge triumphantly as a true science. His teaching became part of Enlightenment classicism and flourished in the eighteenth century as never before. His famous histories of diseases, previously held up by Bacon, Sydenham and Boerhaave as exemplars of clinical observation and experimental knowledge, were subsequently employed as the hallmark of modern medicine by all great eighteenth-century reformers committed to the advancement of science.[40]

The moderate Calvinist foundations which Edinburgh shared with Leyden, as well as the novel institutional and pedagogical model it borrowed, set the school apart from its domestic

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competitors, the older English universities. Indeed, Edinburgh's early success as an alternative to Oxford and Cambridge owes a great deal to these differences. Most importantly, Edinburgh, like Leyden, was founded on a principle of free inquiry. Religious oaths were not required as a condition for matriculation, as they were at Oxford, or for graduation, as at Cambridge, and Edinburgh soon became the school of choice for non-Anglican students from England and the colonies. Among these students were a great many English Dissenters who shared their studies between Edinburgh (or Glasgow) and one or more Dissenting academies. Percival and Rush were entirely typical in this regard.

Other features of the Edinburgh/Leyden model conspired to make medical education available to a wider social group. The Edinburgh model of education made it possible for boys of quite limited means to aspire to the upper reaches of the profession. Unlike Oxford and Cambridge, Edinburgh did not have residency requirements and students who were able to pay their class fees and find cheap lodgings in the town could acquire an education which elsewhere was the sole preserve of the better off. The lecture courses were open to students from all branches of the profession and the apprentices of surgeons and apothecaries attended the same classes as the usually better-educated students of physic. This intermingling of student types proved most advantageous. Scottish-trained medical apprentices were said to have become less mechanical and more theoretical in their approach and the physicians more open to observation and experimentation. Although the separation of the three traditional branches of medicine was maintained at Edinburgh throughout the eighteenth century, the views of the writers on medical ethics display a new attitude of co-operation among these groups, as we will see. The divisions gradually became blurred and a modern hybrid, the general practitioner, emerged. In the latter part of the century and into the nineteenth century it was predominantly the Edinburgh-trained doctors who led the campaign for a more open and meritocratic profession.[41]

Edinburgh teachers, like those at Leyden, were offered no, or very limited, salaries by the University. They taught for student fees and, in return, they were granted the use of university facilities. This arrangement allowed the teachers the freedom to innovate and encouraged them to adapt their courses to the changing needs of their paying audience. The students benefited from the choice of topical courses designed to attract them and from the freedom to attend as many or as few lectures as they required. Because the

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medical professors were forced to supplement their salaries with private practice and to rely on aristocratic patronage for appointments and preferment, the culture of Scottish medicine remained a public concern. The close relationship between the landed gentry and the aspiring professional classes was a particularly fertile one in the early years of the Enlightenment.[42]

Edinburgh's success brought the school and its graduates into direct conflict with the more reactionary English profession. By the middle of the century the majority of all university-educated medical men in Britain were Scottish-trained, most of them at Edinburgh, and medical practice in Britain and the colonies, as well as the armed services, was dominated by Scots. The English profession, directed by the Royal College of Physicians in London, accused the Scottish universities of flooding the market with inferior graduates who, in some cases, had acquired their degrees by mail. Some of these accusations were undoubtedly true, as the practice of granting degrees to non-graduates was a time-honoured one in the older Scottish universities. Those who defended the practice emphasized its limited application and its origins, not as a licence to practise, but as a recognition by the university of high professional or scientific attainment. With the institution of rational or scientific medicine and the associated systematic training, this practice lost much of its original currency and eventually it became a source of embarrassment to Scottish medical schools. The granting of such degrees was not a tradition at the new school in Edinburgh but it did occur. Recipients of such 'honorary' degrees were often outstanding physicians or men of science, but some were notorious quacks and others merely incompetent.[43]

There were many debates in the eighteenth century concerning the merits or demerits of Scottish-style medicine. To the critics, the medical education at Edinburgh was a free-for-all and the school a degree-mill which unleashed hordes of ill-educated, under-age practitioners. The equally negative Scottish view of Oxford and Cambridge, shared by many English medical reformers, was that the two old universities were not only a back-water, oblivious to the emerging scientific medicine but a monopoly, callously unresponsive to changing conditions in medical practice. The medical ethicists, although not uncritical, defended the Edinburgh system. Indeed, their lectures on ethics were, in no small part, a justification of the Edinburgh curriculum and its 'open plan' of medical education. Like that century's best known anti-monopolist, Adam Smith, they did not believe that the Royal colleges, or even the universities,

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should have a monopoly on the teaching and licensing of medical practitioners. All three physicians argued that colleagues who had the education and learning of a physician (or surgeon or apothecary) should be recognized and respected as such, regardless of the manner or place in which they had received their education. All agreed that medical monopolies as exemplified by the Royal College were not in the best interests of their patients or their profession and that ultimately they were more damaging to both than was the existence of a few medical impostors with bogus Scottish degrees.

The ethics of Gregory, Percival and Rush were viewed by their contemporaries as modern, not because they broke decisively with the older religious or classical roots of this genre – both of which were alive and well in Scotland, as we shall see – but rather because they rejected the traditional guild ethos of the Royal College of Physicians in favour of one which, they believed, better reflected the social and moral goals of their society as well as those of the new inductive science. Gregory's *Lectures* are, for example, designed to demonstrate the moral and technical superiority of the 'disinterested' gentleman of science, such as Robert Boyle and William Harvey and other famous members of the Royal Society over the 'interested' professional man or fellows of the Royal Colleges. Indeed, for much of the eighteenth century the term 'professional' was tainted by its association with the guild. To be professional on this view was to be not only self-interested, as opposed to a disinterested seeker of truth, but also to be a merely proficient practitioner, fiercely jealous of his privileges and incapable of adapting to changing circumstances and new information.[44] Benjamin Rush, for example, argued that in the hands of such 'professional' men, the science of chemistry was 'limited in its objects and nearly destitute of principles'. It was, he added, only in the laboratories of private gentlemen of science, such as Joseph Priestley, Henry Cavendish and Antoine Lavoisier that those great discoveries occurred which 'exalted chemistry to its present rank of usefulness'. Equally, it was not the physician who practised medicine as a trade, but, rather, 'speculative men of general knowledge', that is, the truly philosophical physician, who could raise any intellectual endeavour, including medicine, to the level of a science.[45]

For the ethicists, as for most Edinburgh-trained physicians, the medical guilds represented exclusive privileges and restrictions on freedom of inquiry, both of which were anathema to the enlightened man of science. Rush spoke for all three when he argued that:

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> Conferring exclusive privileges upon bodies of physicians, and forbidding men, of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries ... however sanctioned by ancient charters and names, are the bastiles [sic] of our science.[46]

The ideals of tolerance, compromise and reconciliation and the aversion to sectarianism were also transmitted in the intellectual clubs and private homes of Edinburgh intellectual society. One of the most famous of the early intellectual clubs was the Royal Medical Society. Founded in 1737, it was one of Edinburgh's most successful extra-curricular institutions and one with which Edinburgh graduates and local practitioners maintained close ties. The Baconian-inspired goal of the club, according to one of its founders, was to create a society where the students were encouraged 'to reason and think for themselves; combat prejudice and error, however sanctified by antiquity and authority' and to 'learn to love and esteem each other and to cement the bonds of true friendship'.[47] Like the other learned societies of Scotland, it also aimed to communicate empirical observations to the wider public. For the young men in a non-residential university the Society provided a congenial intellectual and social milieu, and it had an important formative influence on its members. The Medical Society became the forum for some of the great debates of the century. During his student years at Edinburgh, Gregory witnessed the challenge to the medical orthodoxy represented by Boerhaave's system and, later, in his *Lectures*, he encouraged his students to participate in this on-going inquiry.[48] By the time that Percival and Rush became students, William Cullen's system was the dominant one and its author, in the words of one ecstatic pupil, a 'Shining Oracle of Physic'.[49] Cullen's system was later challenged by his former pupil, John Brown.

The learned societies and clubs of the Enlightenment were crucial to the dissemination of medical ideas and ideals and to the institutionalization of modern scientific values.[50] The task of creating a congenial scientific milieu was one to which physicians devoted much of their professional lives and we shall, in subsequent chapters, see how both Gregory and Percival played important roles in this regard.[51] Like the intellectual clubs of Scotland, the rich social life of the capital brought the ambitious and talented student into direct contact with the powerful network of patrons who played a leading role in the development of Enlightenment science and medicine. Students like Gregory, Percival and Rush were entertained

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in the homes of their professors, as well as in those of the leading intelligentsia. It was there that they were introduced to such famous men as David Hume, Adam Smith, William Robertson, the Lords Kames and Monboddo, and Benjamin Franklin, a not infrequent visitor to these illustrious circles.

For many Edinburgh students these social connections were as profitable as they were instructive and entertaining. Through the auspices of such men, our three physicians, and many others, were introduced to the century's most eminent networks of philosophers and scientific men both at home and abroad. These connections were invaluable not only to the young physicians themselves but to the development of medical science, for it was in these circles that life-long professional friendships were forged, important medical schemes first conceived, and the culture of Enlightenment medicine diffused.[52]

The adoption of Boerhaave-style medicine in Edinburgh helped to establish the ideals of medical science first articulated by Bacon, i.e. to develop a practical, systematic body of medical knowledge based on observation and experiment. The great popularity and general acceptance of Boerhaave's system also helped to foster a new spirit of co-operation among the medical schools, societies and professional circles throughout Britain, Europe and North America. Once an isolated outpost of the medical world, Edinburgh gradually took its place at the centre. In 1765, when John Gregory took up the Chair of Medicine, Boerhaave's star was on the wane and that of Scottish medicine ascendant. Edinburgh replaced Leyden as the pre-eminent school and a more distinctly Scottish pedagogy evolved – one which became the model for new medical schools in Philadelphia (1765) and New York (1767), founded and staffed by Edinburgh graduates.[53]

The Ideal Medical Character

Gregory, Percival and Rush combined these ideals of scientific medicine with a distinct moral philosophy. But the suggestion that their medical ethics should be understood in terms of such highly abstract ideas flies in the face of the many critics who have insisted that they, and in particular Percival, were simply 'practical men'. It may therefore be necessary to approach the philosophical background through this problem. At the same time we will see how the question of the doctors' character or personality has become intertwined with the question of ideas, and, hence, why the present work, although not primarily biographical, must demonstrate a basic consistency between character and theory.

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The common *ad hominem* argument is that the eighteenth-century medical moralists could not be real theoreticians or philosophers because they were so eminently practical men who wrote medical ethics which was chiefly concerned with practical, not theoretical, problems. This claim, shared by most historians of medical ethics, is never followed by an explanation as to why practical men could not also have pursued theoretical interests. The adherents of this view do not, moreover, explain what our three physicians themselves meant by the term 'practical', a point to which we shall return.

The critics' claim is puzzling because it is one which any history of the intellectual life of the Enlightenment would easily dispel. Physicians, even practising ones, were among the most prominent men of letters, scientists, novelists, poets and philosophers. As Maureen McNeil has recently observed, there was no other century when medical doctors played such a conspicuous cultural role.

> The literary scene was blessed with the contributions of medical men such as John Arbuthnot, John Aikin, Mark Akenside, Sir Richard Blackmore, Oliver Goldsmith and Tobias Smollett, while Dr Johnson carried the general public into the medical world with his 'Life of Boerhaave' in the *Gentleman's Magazine* of 1739. Eighteenth-century readers were informed about some contemporary theories of embryology and midwifery through Tristram Shandy's accounts of his own conception and birth. Dr Johnson regarded the field of medicine as significant enough to merit its own dictionary and he collaborated with Dr Robert James on such a project. Physicians also made their mark in the field of philosophy. John Locke, who wielded such a vital influence over the course of eighteenth-century philosophy, was medically trained, and Bishop Berkeley's pursuit of philosophical issues brought him to a consideration of medical matters in his *Treatise on Tar Water*. Into countless other fields the medically-trained ventured with remarkable success: Nehemiah Grew (1641–1712) into botany, George Fordyce (1736–1802) into agriculture, Hans Sloane (1660–1753) and John Hunter (1728–1793) into natural history, and James Hutton (1726–1797) into geology.[54]

Apart from the subject of McNeil's study, the physician, poet and scientist, Erasmus Darwin, men who were both philosophers and physicians, such as Bernard Mandeville, George Cheyne and David Hartley, could be added to this less than exhaustive list. Significantly, our physicians were familiar with the works of most of these men, and some of them were their teachers, classmates, colleagues, correspondents and intimate friends. In light of this, and

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the evidence that Gregory, Percival and Rush were themselves well-known contemporary authors, it seems more reasonable to assume the opposite of what the critics of medical ethics have suggested: that it would be most surprising if our physicians, like many of their medical contemporaries, did *not* combine their theoretical pursuits with their practical ones, and if their ethics did not reflect this combination.

The question of what might be the most judicious balance of practice and theory in the life of the professional man was discussed throughout the eighteenth century, as often as that of the relative merits of the active and contemplative life. Both topics played an important role in the tradition of moral philosophy within which I try to locate the three physicians.

The recent critics of early modern medical ethics use the term 'practical' in several ways. In some of the accounts we referred to, it was used to imply that physicians were extremely busy men and, being so, had neither the time nor the inclination for theoretical interests. The term 'practical' is thus used to evoke the hard-working physician who adopts a no-nonsense approach to problems and has no time for 'vague ethical generalities', as it was expressed. In other accounts, the term 'practical' connotes a less ingenuous medical type: the physician who perceives a threat to his tribe through competition and who therefore sets out to write a tract arguing for the privileges and rights owed to his profession. Finally, there is the physician who is 'practical' in addressing the internal problems of practice and producing a dreary "how-to" manual for the use of his colleagues. Neither the author nor his medical readers are, on this view, much concerned with matters of health and medicine *per se*. All these criticisms arise from a need to understand why the eighteenth-century medical ethicists did not address the problems that interest their twentieth-century successors and, particularly, from the idea that Percival spoilt the promising beginnings in Gregory. Since they did not address our theoretical issues, especially the nature of the physician–patient relationship, they must have been non-theoretical, purely practical men. By contrast, it is claimed, modern medical ethics or bioethics is a lively and accessible discussion of these important matters, and it is refreshed by the contributions of philosophers, lawyers and social scientists. To their contemporaries, however, Gregory, Percival and Rush were qualified to write medical ethics only because they were practical men of speculative bent. Not only did they have theoretical expertise in their own field but they were also practical moralists. All three men

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had, in fact, impeccable credentials for the job. All were reputable practising physicians, well-known teachers of medicine, acclaimed medical reformers, and Percival and Rush at least, active medical scientists. All were recognized by their contemporaries as moral philosophers, a reputation based on their previously published and internationally well-received works on literary, moral and medical topics. All three physicians published their ethics at the end of their professional lives and consequently, far from being mere 'practical tracts' created in response to a particular event or problem, they are more properly viewed as the distillation of a life-time of medical writing, teaching and practice.[55] Viewed in the wider context of their careers' work as a whole, their theoretical work combines with the practical to illustrate the specific content of an eighteenth-century doctor's duty.

This balance between theory and practice, between character and performance, was adopted self-consciously by our authors as part of the Baconian view of the relationship between science and ethics. Though more or less unrecognized in this context, the Baconian legacy lies at the heart of the doctors' concerns. Bacon approaches the issue by asking a set of questions: Who should write the ethics of a particular profession? Should it be the practitioner himself or should it be a disinterested spectator? What are the advantages of each? Bacon asked these questions early in the seventeenth century and his answers set the terms for the discussion in the eighteenth. This was due to the fact that he put the issue of professional ethics in the wider ambit of man's social duties as a whole.

Bacon argued, first, that 'the good of man which respecteth and beholdeth society', as distinguished from his 'private good', was 'Duty'. This term 'is more proper to a mind well-formed and disposed toward others, as the term of virtue is applied to a mind well-formed and composed in itself'. But a man could no more understand what it meant to be virtuous without first understanding his relation to society than he could understand his duty without first being virtuous. Thus, duty and virtue were inseparable.[56]

For Bacon, man's duty to society was properly divided into two distinct categories. The first was 'the common Duty of every man as a man or member of the state'; and the other, 'the respective or special Duty of every man in his profession, vocation and place'.[57] Bacon's distinction underlines the two types of duties which complete the whole of man's social duties. On this view, a 'general' system of ethics comprised first the duty of man which applied

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equally to all men; and second, the various duties which arose from a person's role in society, including that person's office or station in life. Professional ethics, and hence medical ethics, was, in Baconian parlance, a 'respective' or 'special' duty, a usage retained by the three authors at the centre of the present study. 'Respective duty' included

> the duties between husband and wife, parent and child, master and servant; so likewise the laws of friendship and gratitude, the civil bond of companies, colleges and politic bodies, of neighborhoods, and all other proportionate duties; not as they are parts of government and society, but as to the framing of the mind of particular persons.[58]

Bacon's definition of the two types of social duties arose in the context of his discussion in *The Advancement of Learning* regarding who ideally should write a professional ethics or system of duties. General ethics, the first type, was in his estimation 'extant and well laboured', a well-developed field of inquiry, unlike professional ethics, which was 'rather dispersed than deficient'. But this was not in itself a problem. For who *could* single-handedly fulfil the task of describing 'the proper duty, virtue, challenge, and right of every several vocation, profession and place' in society?[59]

According to Bacon, those who proposed that the disinterested lay observer was better qualified to write the ethics of a profession than the practitioner himself, often suggested that 'a looker-on may see more than a gamester'. He disagreed:

> there is small doubt but that men can write best, and most really and materially, in their own professions; and that the writing of speculative men of active matter, for the most part doth seem to men of experience, as Phormio's argument of wars seemed to Hannibal, to be but dreams and dotage.[60]

If the statement of a profession's duties was to be more than mere armchair speculation,

> it would have to be written by men with solid practical knowledge: it were to be wished, as that which would make learning indeed solid and fruitful, that active men would or could become writers.[61]

As a corrective to the professional man's tendency to magnify his own or his profession's importance, Bacon proposed a further necessary qualification. He must not only describe the duties and virtues of his profession, he must also be able to describe its vices.[62] Thus the physician, like Machiavelli, must know and be willing to describe what medical men do as well as what they ought to do. He

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must know the condition of the serpent:

> his baseness and going upon his belly, his volubility and lubricity, his envy and sting, and the rest; that is, all forms and natures of evil: for without this, virtue lieth open and unfenced. An honest man can do no good upon those that are wicked to reclaim them, without the help of the knowledge of evil.[63]

While tales of professional serpents were not lacking, Bacon suggested that this was an argument best handled with 'integrity and truth' and not, as it usually had been, with cynicism and satire.

> for men have rather sought by wit to deride and traduce much of that which is good in professions, than with judgement to discover and sever that which is corrupt. For as Salomon saith, he that cometh to seek after knowledge with a mind to scorn and censure, shall be sure to find matter for his humour, but no matter for his instruction.[64]

Bacon's ideas were the inspiration for most of the Enlightenment programmes for medical reform. They are most prominent in Gregory's *Lectures* where they form the basis of his analysis of the state of medicine. Although Percival and Rush did not parade their colours as explicitly as their predecessor, Bacon was, nonetheless, their acknowledged 'great luminary'.[65] It was in this light that they could see themselves, and be seen by others, as qualified to write their medical ethics because they were, as Bacon had recommended, men who achieved a proper balance between the practical and the speculative or theoretical.

None of these physicians was among the front-ranking philosophers of his time. They were, however, viewed by their contemporaries as excellent practical moralists. Their medical ethics, like much of modern medical ethics, was – *pace* their critics – clearly written for a wider audience than medical students and colleagues. All three were conscious of the distinction between technical or specialized writing and writing which was to be directed to a general audience. Medical ethics was designed for the latter, as well as for medical students and members of the profession. Its aim, like that of all moral philosophy in this tradition, was to persuade, educate and reform. Medical ethics, as part of a system of practical philosophy, was a popular genre accessible to readers of medical literature in general, and it was closely related to the popular domestic and female conduct literature of which John Gregory was one of the century's leading practitioners.

Apart from this commonsense distinction, however, it must be

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pointed out that the notion of 'practical' used by the moralists of this period was indeed distinct from 'theoretical'; but it is the meaning of the latter term which most confuses modern readers. The 'theory of morals' in our physicians' tradition of moral philosophy was a branch of the theory of mind, or pneumatology: what, in modern terms, is generally referred to as moral psychology or moral epistemology. By contrast, 'morals', 'ethics' or 'practical ethics' commonly denoted the practical principles, or principles of action, which – as if to defy twentieth-century categories – were organized, more often than not, as virtues and, interchangeably, as duties (and associated rights). Thomas Reid, for example, explained to his Glasgow students that the theoretical part of the science of morals 'was distinct from and subservient to the practical part'.[66] Theories of the moral faculty were seen as highly abstract, infinitely open to dispute and generally having little influence on ordinary moral practice. On the other hand, the rules of moral conduct, such as the specification of appropriate duties, was an eminently practical discipline, accessible to all persons.

The distinction between the theory of the moral faculties and the explanation of duties was an important one in Enlightenment practical ethics and one which had a parallel in contemporary theology. Many clergymen – Scots, Dissenters as well as Latitudinarian Anglicans – argued for the relative simplicity of natural religion which they contrasted with the complicated systems of confessional theologians. As Gregory pointed out in his lectures on religion, the former was accessible to every informed person of sound mind, whereas the latter could only be grasped by the theologian. Just as the arguments of metaphysicians were far too complex to become the foundation for a system of practical duties, so theology was too complex to be used as a guide for religious belief. Just as the natural religious sense, uncontaminated by speculative theology, gave each person an adequate idea of his or her relationship with the Creator, so too, practical ethics, as understood by the moral faculties of ordinary men and women, was sufficient to show us the duty of our station in life. It was the knowledge of these duties that even those who disagreed about the merits of the various philosophical systems could more or less agree upon.[67]

All three of our physicians were, of course, familiar with the 'theory of morals' – Gregory, in fact, *taught* ethics – for they were well aware that their practical ethics presupposed a theory of the moral abilities of the mind. But, with the partial exception of Rush, they plainly had no such theory themselves. On the whole they were

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content to accept so broad and vague a concept of the moral faculty that it was compatible both with Butler's and Price's versions of conscience, with a moral-sense theory in the Hutchesonian tradition and with Reidian Common Sense. It simply did not matter, as long as it was understood that the active power was cognitive, educable and potentially authoritative over the passions. As for McCullough's insistence that Gregory's theory of morals was specifically indebted to Hume's notion of sympathy, we will see in the next chapter that this is mistaken.

Medical ethics was clearly part of 'practical ethics'. The doctors were primarily concerned with questions of right and wrong, law and justice, the meaning of the good life, and how one might best prepare oneself for life in the hereafter. As medical moralists, they were, in other words, no more concerned with 'theories of abstract philosophy' (or the problems of moral epistemology) than the contemporary liberal clergy were concerned with intricate systems of theology. Within the moral tradition in which the doctors stand, this issue goes back, most immediately, to Hutcheson and George Turnbull, the former of whom had a famous encounter with David Hume as to whether the philosopher properly should be a moral painter or a moral anatomist. Accusing Hume, the self-declared anatomist, of lacking 'a certain Warmth in the Cause of Virtue' (and easing him out of contention for a professorship in moral philosophy), Hutcheson helped set in train the passion for moral painting that was such a prominent feature of eighteenth-century life.[68]

While the moral faculty in this scheme of things was considered native, it was nevertheless educable, and this is reflected in the importance that practical moralists put upon the preaching, or painting, of morals. Moral exhortation was considered an integral part of the teaching of ethics in both Scottish universities and Dissenting academies. Furthermore, writings on ethics were, as mentioned earlier, aimed at a wide audience because their primary function was public moral education. It is important to appreciate that our three physicians' writings on medical ethics belong to this genre of public moralizing, so much so that the one work that ostensibly has a narrower, more specific aim, Percival's *Medical Ethics*, preserves a large number of features from the morally edifying essay and is, in fact, garnished with several such essays in the form of appendices.

The writings on medical ethics are, in other words, part of the common Enlightenment cultivation of politeness.[69] Politeness and cognate terms such as civility, honour, decorum, urbanity, and

Материал, защищенный авторским правом

liberality, used by the ethicists, did not merely imply the gentlemanly pursuit of literary style for its own sake. Politeness was also an expression of some of the most important aspects of a programme for both moral and scientific reform. Liberality, sympathy and candour, for example, were the key virtues that distinguished the 'polite' and learned medical scientist from his opposite.[70] For the teachers of medicine from Boerhaave to Rush, this character of the physician was as important to the advancement of medical science as the institution of scientific method. It was inconceivable to them that science could progress unless the scientist-physician himself possessed the requisite moral as well as intellectual virtues. Students of medicine at Edinburgh were taught that the history of their profession was the best reminder of long-recognized flaws in the medical character: its greed, pedantry, disputatious nature and, at times, embarrassing slavishness. Fortunately, however, the past also offered the more positive image: that of a dedicated healer and God's minister to the human body. The Edinburgh ideal of the good physician was an attempt to combine the virtues of the Greek and Christian model. Like Hippocrates, the physician would make his interests subservient to those of his patient and his profession and, as a Christian, subservient to the general good of mankind.

It might be said that in their professional character, the three physicians closely resembled the clergy of the Presbyterian church – Rush the evangelical side, and Gregory and Percival the moderate – who had been their early mentors and, later, university teachers, friends, patients and patrons. Presbyterianism shaped their literary interests and style, their ethical pre-occupations and scientific methodology. Unlike the French *philosophes*, the physicians were not anti-clerical, although they did share a dislike of 'priest-craft' which they identified with 'popery'. Like many of his clergyman friends, Gregory, for example, had some sympathy with the agnosticism and even atheism of the *philosophes* on the grounds that both were understandable responses to Roman Catholicism and the tyrannical government which supported it. But such excuses could not support the atheism and scepticism of British subjects who, he argued, enjoyed the benefits of free inquiry in a reformed Church and a free society. Gregory in particular adopted the polemical terms of the moderate Presbyterian reformers and deployed them for his own critique of medicine.[71]

Practical Ethics

We outlined earlier Robert Baker's notable interpretation of Percival

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according to which *Medical Ethics* combined a moral sense theory from Gregory with Thomas Gisborne's notion of implied contract. The former issue was, as we have indicated, of no more than marginal interest to either of the two physicians and received very little concentrated attention in their writings, but Baker makes a curious suggestion about it which has further implications. Baker speculates that Gregory may have received the seeds for his notion of a moral sense from the possible teaching of Christian Thomasius' moral theory in Leyden when Gregory was a student there. The assumption is apparently that Leyden somehow shared, through 'propinquity', in 'the German-language ideal of the virtuous and sentimental physician'.[72] This is curious because Leyden could in no sense be called German, not even by propinquity. It was one of the foremost European centres for Newtonian experimental philosophy;[73] in jurisprudence, the traditional humanistic study of Roman law was dominant, and the only natural law taught was a private class on Pufendorf.[74] Furthermore, by the mid-1740s Thomasius' influence was in sharp decline and no evidence is given to show that Leyden harboured a unique and clandestine pocket of Thomasians.[75] Finally, before Gregory went to Leyden, he is most likely to have been given some basics of 'the theory of morals' from his regent, George Chalmers at King's College in Aberdeen or to have picked up some impressions while studying medicine in Edinburgh.[76] As a stream of scholarship from the last twenty years has shown, the modern, Protestant natural law tradition had had a strong presence in Scotland since the turn of the seventeenth century, first in Glasgow, then in Edinburgh, and soon it was the most pervasive form of academic moral philosophy with repercussions in many quarters outside the academy.[77] The same tradition had been received by English dissenters; and among latitudinarian Anglicans it merged, indistinctly, with a watered-down Thomist tradition deriving from Richard Hooker; and the full spectrum of the tradition was well represented in America. Natural law was, in other words, neither an esoteric doctrine nor as an intellectual souvenir from abroad.

It is against this background that we turn to Baker's re-introduction of Gisborne into the discussion. I fully agree that Gisborne is of importance to our understanding of Percival, and Baker's brief analysis of the central concepts of implied contract and office is quite accurate.[78] But the extraordinary thing is that Baker seems to think that these ideas are original with Gisborne, referring to them as 'the Gisbornian architectonic' without any indication

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that they are in fact old – one of them ancient – and that they had enormously wide currency in early modern Europe, not least in the form given them by the Protestant natural lawyers from Samuel Pufendorf onwards and adapted into a variety of British, mainly Scottish moral theories. Baker's whole perspective on eighteenth-century medical ethics in the Anglo-American realm, and especially that of Percival, is thus seriously out of focus and we are deprived of an adequate balance between tradition and innovation in our philosophical doctors. What is significant about their medical ethics is that it attempted to adapt to quite new circumstances a practical ethics that in the end is little more than a systematic articulation of the social ethics of a traditional society. Thomas Gisborne was simply the latest text-book writer in this vein – as well as a good friend and young protégé of Percival's. Gisborne was able and successful – but, then, he did have a very long tradition to draw on. Let us take a brief look at the salient elements of this tradition.

The common *structure* of the systems of practical ethics was provided by the three Christian duties which were elaborated by materials from Stoicism and Roman law. It was an earlier version of this scheme of Christian ethics that Bacon referred to in his critique of medical ethics. Thomas Reid explained it this way:

> Morals [practical ethics] have been methodized in different ways. The ancients commonly arranged them under the four cardinal virtues of Prudence, Temperance, Fortitude and Justice; Christian writers, I think more properly, under the three heads of the Duty we owe to God – to Ourselves – and to our Neighbour. One division may be more comprehensive, or more natural, than another; but the truths arranged are the same, and their evidence the same in all.[79]

Although writers of professional ethics did not adhere rigidly to this structure, they organized their schemes of duties according to these divisions. Consequently, an eighteenth-century physician's duties were divided into those he owed to God, to himself and to others. While modern, secular, medical ethics is only interested in the last, i.e. a physician's duty to others,[80] for Gregory, Percival and Rush the three duties were essentially connected, the basic one being that to God.

Throughout the medical ethics of the Enlightenment, concepts such as 'duty', 'office', 'contract' and 'public good' which signal the influence of Protestant natural law theory are evident. These concepts are, however, somewhat obscure to modern readers. Central to this system of practical ethics is the idea that the public good imposes a set of duties on us and that these duties constitute

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the offices or roles in life we assume. One of the most important sources of this notion of an office was *De officiis* by the ancient eclectic philosopher Cicero, whose version of stoicism had an inestimable influence on moral thought in the Enlightenment. In this book Cicero put forward the basic idea of the link between particular duties and the general duty to the common good, and he questioned the associated relative merits of the various professions and occupations:

> the professions in which either a higher degree of intelligence is required or from which no small benefit to society is derived – medicine and architecture, for example, and teaching – these are proper for those whose social position they become.[81]

In the works of Gregory's cousin and mentor, Thomas Reid, we find a Christian elaboration of this idea, one which had become a common assumption of eighteenth-century practical ethics:

> The more important the office is to the well being and happiness of the human kind, so much the more sa[c]red are the Obligations to the duties of it. But every office & every character has its obligations and every man who takes that office or character upon him takes upon him its obligation at the same time.[82]

In considering this traditional idea of a moral hierarchy of duties and thus of offices, it is important to realize that duties were not only derived from one's office in the sense of one's profession or occupation but also from one's other stations in life; consequently one's offices were interrelated and overlapping. A physician might also be a father, a son, a husband and a master to his servants. Most importantly, one's particular situation or condition, such as wealth, health, age, intelligence or education, imposed duties to serve the common good. Being a medical man was one such special condition.[83]

To take up any office in life, including a vocation or career, was thus a kind of tacit or unwritten contract with one's society to discharge the duties of that office. Each office entailed particular duties which were to be fulfilled as if in accordance with a contract. The contract between a professional man and his society was also one which applied to his relationship with the profession he chose. As Percival explained:

> Every man who enters into a fraternity engages by tacit compact, not only to submit to the laws, but to promote the honour and interest of the association, so far as they are consistent with the general good of mankind.[84]

Материал, защищенный авторским правом

All duties were reciprocal, and just as a physician had duties to his patients, so too did his patients have duties toward him. Here we might note that while references in early medical ethics to the patient's duties to physicians have surprised some modern critics, it would have been understood by Percival's contemporaries as entirely appropriate. Being sick was for them an office like any other role in life and it too entailed its special duties and responsibilities. Once again we can turn to Thomas Reid for a clear formulation of the contract between patient and physician:

> I apply to a man who professes the healing Art. I tell him that I labour under such an ailment, & desire his advice. He prescribes for me without any more ado. It is evident that he comes under an obligation to prescribe for me according to the best of his skill & I to pay him a reasonable fee though no such thing was expressed on the one hand or the other. The consent to this reciprocal obligation is implyed in the Nature of his Profession my application to him & his prescription for my health.[85]

This, in essence, is the mutual contract between the physician and his patient and the physician and society at large. The common ideas of office, duty and implied contract which we find scattered throughout the medical ethics of this period provide the basic framework for the general social ethics as well as for the 'special' or 'appropriate' ethics implied by a particular office in life.[86] This idea of the implied contract which binds physician and patient together in a moral association that is a small constituent of the common good, is the central point in Enlightenment medical ethics.

Malpractice

The patient–physician contractual relationship described by Thomas Reid was formalized in the eighteenth-century law of malpractice. If, as Reid explained, the primary duty of the physician was the honest exertion of his skills, then this was as if he had promised to the patient to do so. Both understood, moreover, that the non-performance of this duty was a breach of the implied contract. If harm ensued, it was, in law, an actionable breach of duty.

According to William Blackstone, the century's greatest common-law jurist, cases of malpractice could be classified as either battery or trespass or as a breach of contract. In his *Commentaries on the Laws of England*, he explained in language similar to Reid's that there was a class of contracts implied by both natural and civil law and based on the supposition that:

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> everyone who undertakes any office, employment, trust or duty, contracts with those who employ or trust him to perform it with integrity, diligence or skill. And, if by want of either of those qualities any injury accrues to individuals, they have therefore their remedy in damages by a special action on the case.[87]

The notion of contract, explicated by Reid in its moral aspect and by Blackstone in its legal, found contemporary expression in a famous malpractice case, *Slater* vs. *Baker and Stapleton* (1767). The patient, Slater, claimed that the surgeons, Baker and Stapleton, performed a medical procedure without his consent and despite his protests. They had, he argued, 'ignorantly and unskilfully' refractured his broken leg and in the process had injured him. Slater's suit was successfully brought to court under the writ of contract explained above by Blackstone.[88]

Of central importance to *Slater* vs. *Baker* was the emphasis it placed on the notion of customary practice, in this case the custom of surgeons not to operate without the consent of their patients. The court employed a form of reasoning that would characterize the law of malpractice until the twentieth century:

> [I]t appears from the evidence of the surgeons that it was improper to disunite the callous without consent; *this is the usage and law of surgeons*: then it was ignorance and unskillfulness in that very particular, to do contrary to the rule of the profession, what no surgeon ought to have done.[89]

From all of this it will be apparent that another function of medical ethics was to be a systematic guide to customary practice or 'the usage and law' of medical men which could be used in questions of malpractice arising from breach of implied contract. By the same token, as Percival was concerned to note, a medical ethics should be a source of information about medical customs transformed by new developments in medicine and in society. New knowledge and new social opportunities alike implied new duties. Thus Percival's own medical ethics reflects the revolution in medicine brought about by the advent of the voluntary, or charity hospital and, likewise, the dilemmas which arose from the conflict between the demands of a nascent experimental medicine and the physician's duty of benevolence. It was, however, within the traditional natural-law and common-law framework of duties arising from implied contract that our medical moralists sought to find a balance between custom and innovation.

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Enlightened Self-Interest

Once we have a clear idea of the kind of moral philosophy our authors worked with, we can make sense of another concept generally misunderstood but central to this tradition, namely that of rational self-interest which was the basis for the Enlightenment's obsession with self-improvement. Like many physicians of their day, Gregory, Percival and Rush vigorously promoted this ideal, and this has been seen as one of the main reasons for their supposed demotion of the moral importance of the physician–patient relationship. The crucial point here, however, is that self-improvement had to be considered a central duty immediately derived from an overriding duty to worship God. In this form of moral theory worship of God consists not least in preservation of and care for his creation. The part of creation that is most immediately our province is our own person, in body and in mind, without which we are unable to discharge our duty to any other part of creation. As Francis Hutcheson explained,

> each one is obliged to cultivate his own powers of body and mind so as to fit himself for what offices of goodness and humanity his station may allow; to store his mind with useful knowledge and with the grand maxims which conduce to a virtuous life.[90]

Hence the 'self' referred to in duties to oneself is the Christian one of man as created in the image of God. Self-development for a Christian professional man involved, among other things, the positive duty to cultivate his intellectual abilities or talents in order to promote and secure his best interest and thus be in a position to act his part in society to greater advantage.

The ideal of rational self-interest in the eighteenth century is often confused with a very different philosophy of egoism, and one of the heroes of our three doctors, Bishop Butler, had gone to considerable lengths to distinguish the two, underlining his case by claiming that, if self-interest is properly understood, we need more, not less of it.[91] This was very much the cause of Gregory, Percival and Rush in their opposition to egoism or the so-called selfish systems of philosophy that were commonly identified with Hobbes, Mandeville, Hume and Smith. What the former were concerned with can best be described as a religiously derived duty to self-development.

Manners and Morals

Finally, we are in a position to return to our starting point. As we saw, one of the greatest obstacles to our understanding of

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eighteenth-century medical ethics is its constant inclusion of manners with morals, etiquette with ethics.[92] This was not unique to medical ethics; it was in fact the dictionary meaning of ethics and morals. Chambers' *Cyclopedia* defines 'ethics' as, 'the doctrine of manners; or the science of moral philosophy', and 'morals' as 'anything relating to the manners, or conduct of life', while the first *Encyclopaedia Britannica* explains 'moral' as 'something belonging to manners, or the conduct of life'.[93] Our physicians were, however, perfectly able to distinguish between basic and universal duties and derivative and changeable ones. As Gregory explained in his *Lectures*,

> Decorum, decency and propriety are words very indeterminate in their application; for this reason, that the ideas annexed to them are partly founded in nature and common sense, partly in caprice, fashion, and the customs of particular nations. In the first case the obligation to them is immutable, the same in all ages and nations; in the latter it is fluctuating and less binding.[94]

The basic duties between physician and patient were derived from the perennial nature of their respective offices. The duty of secrecy, for example, arose from the physician's privileged access to the patient and his or her family, and from the extreme vulnerability of the patient. All sick persons, rich or poor, young or old, male or female, were owed this duty. What the physician wore when he visited his patients was obviously much more changeable and much less important. The question is, however, why the latter should have been considered a subject in medical ethics at all. The answer is that the physician's dress, like his speech, manners, company, etc., serve to advertise what office a person is discharging and, on the finer points of dress, speech, etc., show with what degree of commitment he is discharging that office.[95] This consideration would have been of greater significance in a much more traditionalist and hierarchical society than ours, but even in a post-modernist society we rely as heavily as ever on conventional indicators – including, certainly, clothes – for what we can expect from whom. And clearly it is by implication possible today, as in the eighteenth century, to lie, deceive and defraud by 'false' dress, speech, manners and the like. As Cicero had already pointed out, adherence to rules of 'mere' decorum are nonetheless essential because they indicate a person who takes account of the specific context of action and who is self-conscious of the office being assumed and the duties it implies. While these factors are absent from today's textbooks in medical

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ethics, they have merely been transposed to the criteria for admission to medical schools, to the rules governing the professional bodies sustaining the profession, to the thousands of academic letters of reference written every year.

Genre

As men of letters, the three doctors' most important public attire was, however, their writings, and before entering into closer acquaintance with these, it may be worthwhile to reflect, once more, on their form in the light of the concept of offices. The aim of medical ethics was to portray the role of the medical man and the roles of those with whom he interacted. Since these roles were so broadly conceived, the result was a picture of medical life in its many aspects. We can, accordingly, see the eighteenth-century works in medical ethics as also closely related to two traditional genres, namely the character sketch and the conduct book. The pursuit of ethical ideals through the description of a character-type, or the idealized portrait of a particular character, is one of the oldest forms of moral theorizing. In the form of the highly polished obituary it was crucial to the cohesiveness of the medical profession.[96] Similarly ancient, and equally close to our doctors' hearts, was the conduct book. This genre also had roots in Cicero's *De Officiis*, which was addressed to the author's son as parental advice particularly suited to a young man about to embark on his life's career. The medical ethics of each of our physicians was ostensibly dedicated to young men. In Percival's case the dedicatee was a son about to embark on his medical studies. It is also no coincidence that another of the three physicians, John Gregory, through a book of letters to his daughters, was considered one of the century's leading experts on the conduct of women. Rush, too, saw himself as an expert on the moral conduct of women, and Percival wrote extensively on the moral development of children.[97]

The medical ethics of the three physicians are, in other words, part of a wider concern to analyse the offices and depict the social characters that make up the moral life. And even when practical circumstances made it necessary for Percival to resort to a code of rules, he did not, as we shall see, entirely relinquish the office of moralizing essayist that he shared with his fellow physicians.

Notes

1. Tom L. Beauchamp, Laurence B. McCullough, *Medical Ethics: The Moral Responsibility of Physicians*, New Jersey, 1984, p. 6.

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2. Lester S. King, *The Medical World of the Eighteenth Century*, Chicago, 1958. See Chapter VIII, 'The Development of Medical Ethics', pp. 227–61.
3. King, *Medical World*, p. 230.
4. *Ibid.*, p. 232.
5. R.H. Shryock, *Medicine and Society in America: 1660–1860*, New York, 1960, p. 4.
6. C.D. Leake, Preface to Percival's *Medical Ethics*, (1927) second edition, New York, 1975, p. xxx.
7. Leake, Preface, p. 2.
8. It should, though, be noted that Lester King at least acknowledged the historical problem concerning ethics and etiquette. He explained that while many of the problems described by Percival concerning the decorum associated with consultation and the treatment of women seem 'only quaint and archaic' to the modern reader, they nevertheless represented vexing problems for his contemporaries which should not be viewed by historians as 'mere' etiquette. King, *Medical World*, pp. 257–8.
9. Shryock, *Medicine and Society*, p. 26; Chester Burns, 'Thomas Percival, Medical Ethics or Medical Jurisprudence?', in *Legacies in Ethics and Medicine*, ed. Chester Burns, New York, 1977, p. 296. In the most recent discussion of this point, Roy Porter refers to Percival's *Medical Ethics* as a 'practical, shop-floor handbook'; 'Thomas Gisborne: Physicians, Christians and Gentlemen', in *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*, ed. A. Wear, J. Geyer-Kordesch and R. French, Amsterdam, 1993, pp. 252–73, at p. 266.
10. Carleton B. Chapman, *Physicians, Law and Ethics*, New York, 1984, p. 84, quoting *Medical Ethics*, p. 9. Percival's use of the word 'condescension' and the anachronistic interpretation of this passage are taken up by Edmund Pellegrino in his Introduction to Percival, *Medical Ethics*, ed. E. Pellegrino (Classics of Medicine Library), Birmingham, AL, 1985.
11. See for example I. Waddington, *The Medical Profession in the Industrial Revolution*, Dublin, 1984, p. 154; E. Freidson, *Profession of Medicine*, New York, 1972.
12. As we will see in the chapter on Percival, this has led to various distortions of the historical record.
13. Waddington, *The Medical Profession*, p. 171. See in a similar vein David J. Rothman, 'Human Experimentation and the Origins of Bioethics in the United States', in *Social Science Perspectives in Medical Ethics*, ed. George Weisz, Philadelphia, 1990, p. 185: 'the ethical tracts of Anglo-American doctors seem most remarkable for elevating medical etiquette over medical ethics, for moving ever so nimbly from the high minded injunction – do no harm – to practical, professionally self-serving maxims – do not slander a fellow

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doctor or pay social visits to his patients or contradict him in front of his patients. In this literature, coveting a colleague's patients appears as a far more serious breach than coveting his wife. But the distinction between etiquette and ethics hardly mattered to the tracts' authors or audience of practicing physicians. These were not exercises in philosophical discourse but manuals for the man in the field who was equally intent on doing well by his patient and doing well by his practice.'

14. John Pickstone, 'Thomas Percival and the Production of *Medical Ethics*', in *The Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 161–78.
15. Jeffrey Berlant, *Profession and Monopoly: A Study of Medicine in the United States and Great Britain*. Berkeley, CA, 1975; Ivan Waddington, 'The Development of Medical Ethics – a Sociological Analysis', *Medical History*, 19 (1975): 36–51; same, *The Medical Profession in the Industrial Revolution*.
16. Berlant, *Profession and Monopoly*, p. 84.
17. The first code of the AMA appeared in 1847. Laurence B. McCullough, 'Virtues, Etiquette and Anglo-American Medical Ethics in the Eighteenth and Nineteenth Centuries', in *Virtues and Medicine: Explorations in the Character of Medicine*, ed. Earl E. Shelp, Dordrecht and Boston, 1985, p. 89.
18. Berlant, *Profession and Monopoly*, pp. 149–50.
19. *Ibid.*, pp. 93–5.
20. See for example McCullough, 'Virtues, Etiquette', p. 89; Carleton B. Chapman, *Physicians, Law and Ethics*, New York, 1984, pp. 76–88 (to be discussed below); Rothman, 'Human Experimentation and the Origins of Bioethics in the United States', in *Social Science Perspectives in Medical Ethics*, ed. G. Weisz, Philadelphia, 1990, pp. 183–200.
21. Laurence B. McCullough, 'Medical Ethics, History of: Modern Period: Seventeenth to the Nineteenth Century, Britain and the U.S. in the Eighteenth Century', in *Encyclopedia of Bioethics*, ed. Warren T. Reich, New York, 1978, pp. 957–63 ; *idem*, 'Historical Perspectives on the Ethical Dimensions of the Patient–Physician Relationship: The Medical Ethics of Dr. John Gregory', *Ethics in Science and Medicine*, 5 (1978); 47–53; *idem*, 'Virtues, Etiquette'; 'The Legacy of Modern Anglo-American Medical Ethics: Correcting Some Misperceptions', in *The Clinical Encounter*, ed. Earl E. Shelp, Dordrecht, 1983, pp. 47–63; and 'John Gregory's Medical Ethics and Humean Sympathy', in *The Codification of Ethics*, ed. Baker, Porter and Porter, pp. 145–60.
22. McCullough, 'Virtues, Etiquette', p. 82. In his most recent paper, 'John Gregory's Medical Ethics', McCullough goes into more detail about the concept of sympathy. We will consider this below in Chapter 2.
23. McCullough, 'Virtues, Etiquette', p. 85.

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24. *Ibid.*, p. 89.
25. *Ibid.*, p. 89.
26. Carleton B. Chapman, *Physicians, Law and Ethics*, pp. 76–88.
27. Thomas Gisborne, *An Enquiry into the Duties of Men in the Higher and Middle Classes of Society in Great Britain, Resulting from their Respective Stations, Professions, and Employments*, 2 vols, London, 1794. See particularly chap. 12 (pp. 383–426) 'On the Duties of Physicians'.
28. Gisborne, *Duties of Men*, p. 396. Quoted in Chapman, *Physicians, Law and Ethics*, p. 81.
29. Chapman, *Physicians, Law and Ethics*, p. 83. See also Roy Porter's exegesis of the constitution of eighteenth-century medical ethics as it appears in Gisborne; 'Thomas Gisborne: Physicians, Christians and Gentlemen'. Porter here contrasts what he describes as Percival's 'anodyne' treatment of the subject with that of Gisborne which he sees as a more searching analysis of the mercinariness of the 'sick trade'.
30. Robert Baker, 'Deciphering Percival's Code', in *The Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 179–212.
31. Baker, 'Deciphering Percival's Code', especially pp. 193ff.; Lisbeth M. Haakonssen, 'The Duties of an Eighteenth-Century Physician: The Medical Ethics of John Gregory, Thomas Percival and Benjamin Rush', Ph.D. thesis, Australian National University, 1993, chap. 3.
32. *Ibid.*, pp. 194–6.
33. *Ibid.*, pp. 193–4. My summary of Percival's Gisbornian revolution relates to pp. 197–208.
34. See J.G.A. Pocock, 'Clergy and commerce: The conservative Enlightenment in England', in *L'Età dei Lumi: studi storici sul settecento europeo in onore di Franco Venturi*, ed. Ajello *et al.*, 2 vols, Naples, 1985, vol. 2, pp. 23–68; *idem*, 'Conservative Enlightenment and democratic revolutions: The American and French cases in British perspective', *Government and Opposition*, 24 (1989), 81–105; *idem*, 'Josiah Tucker on Burke, Locke, and Price: A study in the varieties of eighteenth-century conservatism', in Pocock, *Virtue, Commerce, and History. Essays on Political Thought and History, Chiefly in the Eighteenth Century*, Cambridge, 1985, pp. 157–91.
35. See J.G.A. Pocock, 'Post-puritan England and the problem of the Enlightenment', in *Culture and Politics from Puritanism to the Enlightenment*, ed. P. Zagorin, Berkeley, CA, 1980, pp. 91–111; *idem*, 'Clergy and commerce: The conservative Enlightenment in England', in *L'Età dei Lumi: studi storici sul settecento europeo in onore di Franco Venturi*, ed. Ajello *et al.*, 2 vols, Naples, 1985, vol. 2, pp. 23–68; *idem*, 'Conservative Enlightenment and democratic revolutions: The American and French cases in British perspective', *Government and Opposition*, 24 (1989), 81–105; *idem*, 'Josiah Tucker on Burke, Locke, and Price: A study in the varieties of eighteenth-

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century conservatism', in Pocock, *Virtue, Commerce, and History. Essays on Political Thought and History, Chiefly in the Eighteenth Century*, Cambridge, 1985, pp. 157–91.[35]

36. A series of letters from Percival to Rush can be found in the Rush Manuscripts in The Library Company of Philadelphia.
37. See L. Rosner, *Medical Education in the Age of Improvement. Edinburgh Students and Apprentices 1760–1826*, Edinburgh, 1991. For a more general account, see D. Hamilton, *The Healers. A History of Medicine in Scotland*, Edinburgh, 1981. See also J.B. Morrell, 'Medicine and Science in the Eighteenth Century', in *Four Centuries. Edinburgh University Life 1583–1983*, ed. G. Donaldson, Edinburgh, 1983, pp. 38–52.
38. On the early influence of Newton's ideas in Scotland, see Lester S. King, *The Philosophy of Medicine: The Eighteenth Century*, Cambridge, MA, 1978; Anita Guerrini, 'Isaac Newton, George Cheyne and the *Principia Medicinae*', in *The Medical Revolution of the Seventeenth Century*, eds. Roger French and Andrew Wear, Cambridge, 1989, pp. 222–45. For a helpful discussion of Boerhaave's system, see Lester S. King, *The Medical World of the Eighteenth Century*, Chicago, 1958, pp. 59–93.
39. See Andrew Cunningham, 'Medicine to calm the mind: Boerhaave's medical system and why it was adopted in Edinburgh', in *The Medical Enlightenment of the Eighteenth Century*, eds. Andrew Cunningham and Roger French, Cambridge, 1990, pp. 40–67.
40. See especially John Gregory, *Lectures on the Duties and Qualifications of a Physician*, London, 1772, pp. 183–6, and Rush's lecture 'On the Opinions and Modes of Practice of Hippocrates' (1806) in *Sixteen Introductory Lectures to Courses of Lectures upon the Institutes and Practice of Medicine ...*, Philadelphia, 1811, pp. 274–94.
41. While there is no evidence in the work of our three physicians that the Hippocratic oath *per se* played a key role in their moral deliberations, Edinburgh graduates did swear an oath that they 'would never wantonly experiment' with their patients or divulge anything told to them in secret. See Christopher Lawrence, 'Medicine as Culture: Edinburgh and the Scottish Enlightenment', Ph.D., University of London, 1984, p. 200. Significantly, Michael Ryan, an early nineteenth-century London physician, noted that Edinburgh was the only university or college which required its graduates to swear such an oath. See Michael Ryan, *A Manual of Medical Jurisprudence*, London, 1840, p. 9.
42. See Percival, *Medical Ethics, or, A Code of Institutes and Precepts adapted to the Professional conduct of Physicians and Surgeons, to which is added an Appendix containing A Discourse on Hospital Duties: Also Notes and Illustrations*, Manchester, 1803, chap. 3, art. 1. Unlike Gregory, Percival also addressed his work to physicians and surgeons alike. Cf. Gregory, *Lectures*, pp. 231–33.

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43. See especially J.B. Morrell, 'The University of Edinburgh in the Late Eighteenth Century: Its scientific eminence and academic structure', *Isis*, 62 (1970), 158–71; John R.R. Christie, 'Edinburgh Medicine in the Eighteenth Century: The View from the Students', *The Bulletin of the Society for the Social History of Medicine*, 19 (1976), 13–15.
44. Hamilton, *The Healers*, p. 142. See also Roy Porter, 'Plutus or Hygeia? Thomas Beddoes and the Crisis of Medical Ethics in Britain at the Turn of the Nineteenth Century', in *The Codification of Medical Morality. Historical and Philosophical Studies of the Formalization of Western Medical Morality in the Eighteenth and Nineteenth Centuries*, vol. 1: *Medical Ethics and Etiquette in the Eighteenth Century*, ed. R. Baker, D. Porter and R. Porter, Dordrecht, 1993, pp. 73–91.
45. Gregory, *Lectures*, pp. 4–5.
46. See *Autobiography of Benjamin Rush: His Travels Through Life, Together with His Common Place Book for 1789–1813*, ed. G.W. Corner, Princeton, NJ, 1948, p. 108.
47. *Autobiography of Rush*, pp. 108–9.
48. Gilbert Blane, 'Address to the Medical Society of Students at Edinburgh, upon Laying the Foundation of their Hall', in *History of the Royal Medical Society 1737–1937*, ed. J. Gray, Edinburgh, 1952, p. 30.
49. Gregory, *Lectures*, p. 212.
50. See W.J. Bell, 'Some American Students of "That shining oracle of physic", Dr William Cullen of Edinburgh, 1755–1766', in *Proceedings of the American Philosophical Society*, 94 (1950), 275–81.
51. The best account of the origins of the Scottish learned societies is Roger Emerson, 'Sir Robert Sibbald, The Royal Society of Scotland, and the Origins of the Scottish Enlightenment', *Annals of Science*, 45 (1988), 41–72. Also Davis D. McElroy, *Scotland's Age of Improvement: A Survey of Eighteenth-Century Literary Clubs and Societies*, Pullman, 1969; H. Lewis Ulman (ed.), *The Minutes of the Aberdeen Philosophical Society (1758–1773)*, Aberdeen, 1990; Paul Wood, 'Science and the Aberdeen enlightenment', in *Philosophy and Science in the Scottish Enlightenment*, ed. P. Jones, Edinburgh, 1988, pp. 39–66.
52. Rush was perhaps not as clubable as his British counterparts, but he nevertheless believed that unless medical men socialized in an organized manner, they would remain enemies of each other. His own life, he noted ruefully, illustrated the truth of John Gregory's remark that 'nothing could exceed the malice of rival authors except the rancour of rival physicians'. *The Letters of Benjamin Rush*, ed. L.H. Butterfield, 2 vols, Princeton, NJ, 1951, vol. 2, p. 1069.
53. For the role of patronage in the development of early modern medicine, see Roger Emerson, 'Medical Men, Politicians and the Medical Schools at Glasgow and Edinburgh 1685–1803', in *William*

Материал, защищенный авторским правом

Cullen and the Eighteenth-Century Medical World, eds A. Doig *et al.*, Edinburgh, 1993, pp. 186–216.

54. Cf. R.H. Girdiwood, 'The Influence of Scotland on North American Medicine', in *The Influence of Scottish Medicine: An Historical Assessment of Its International Impact*, ed. D.A. Dow, Carnforth, 1988, pp. 31–42.
55. Maureen McNeil, *Under the Banner of Science. Erasmus Darwin and his Age*, Manchester, 1987, p. 125.
56. This is my only reservation about John Pickstone's fine analysis of the background to *Medical Ethics*. He links the work so closely to the situation at the Manchester Hospital in the 1790s that the depths of its roots both in Percival's work as a whole and in the moral-medical tradition are lost sight of. See John Pickstone, 'Thomas Percival and the Production of *Medical Ethics*', in *Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 161–78.
57. Francis Bacon, *The Advancement of Learning*, ed. and introd. by G.W. Kitchin, London, 1965, Book II, p. 63 (6).
58. *Ibid.*, p. 163 (7).
59. *Ibid.*, p. 166 (10–11).
60. *Ibid.*, p. 163 (7). Later, in the eighteenth century, Thomas Gisborne, among many others, took up the challenge, as we have noted, with his monumental and extremely popular *An Enquiry into the Duties of Men*. He followed this up with a companion volume for women, *Inquiry into the Duties of the Female Sex*, London, 1797.
61. *Ibid.*, p. 163 (7). He is referring to Cicero's *De Oratore*, II.18.75.
62. *Ibid.*, p. 163 (7).
63. *Ibid.*, p. 165 (9).
64. *Ibid.*, p. 165 (9).
65. *Ibid.*, p. 165 (9).
66. Percival, *Medical Ethics*, p. 96.
67. See Thomas Reid, *Practical Ethics. Being Lectures and Papers on Natural Religion, Self-Government, Natural Law and the Law of Nations*, ed. and introd. by K. Haakonssen, Princeton, NJ, 1990, p. 111. And cf. Adam Smith, *The Theory of Moral Sentiments*, ed. D.D. Raphael and A.L. Macfie, Oxford, 1976, VII.i.2–4 and iii.1–3.
68. For a typical discussion of this problem as it was taught in the dissenting academies, see John Prior Estlin, *Familiar Lectures on Moral Philosophy*, 2 vols, London, 1818, pp. 62–74.
69. For the exchange between Hume and Hutcheson, see *Letters of David Hume*, ed. J.Y.T. Greig, 2 vols, Oxford, 1932, vol. 1, p. 32. For Hutcheson and Turnbull, see K. Haakonssen, *Natural Law and Moral Philosophy: From Grotius to the Scottish Enlightenment*, Cambridge, 1995, chapter 2; M.A. Stewart, 'George Turnbull and Educational Reform', in *Aberdeen and the Enlightenment*, eds. J.J. Carter and J.H. Pittock, Aberdeen, 1987, pp. 95–103.
70. The work of Nicholas Phillipson and John Dwyer on politeness and

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the Scottish Enlightenment is particularly useful here. See especially Phillipson, 'Adam Smith as Civic Moralist', in *Wealth and Virtue: The Shaping of Political Economy in the Scottish Enlightenment*, eds. I. Hont and M. Ignatieff, Cambridge, 1983, pp. 179–202; 'Culture and Society in the Eighteenth-Century Province: The Case of Edinburgh and the Scottish Enlightenment', in *The University in Society*, ed. L. Stone, 2 vols, Princeton, 1974, II: 407–48; 'The Pursuit of Virtue in Scottish University Education: Dugald Stewart and Scottish Moral Philosophy in the Enlightenment', in *Universities, Society and the Future*, ed. N. Phillipson, Edinburgh, 1983, pp. 82–101; 'The Scottish Enlightenment', in *The Enlightenment in National Context*, ed. R. Porter and M. Teich, Cambridge, 1981, pp. 19–40; 'Towards a Definition of the Scottish Enlightenment', in *City and Society*, ed. P. Fritz and D. Williams, Toronto, 1973, pp. 125–47. For Dwyer, see 'Clio and Ethics: Practical Morality in Enlightened Scotland', *The Eighteenth Century*, 30 (1989); 45–72; 'Enlightened Spectators and Classical Moralists: Sympathetic Relations in Eighteenth-Century Scotland', in *Sociability and Society in Eighteenth-Century Scotland*, eds. J. Dwyer and R.B. Sher, Edinburgh, 1993, pp. 96–118; *Virtuous Discourse: Sensibility and Community in Late Eighteenth-Century Scotland*, Edinburgh, 1987. The following works provide further perspectives on this issue: Ann Jessie Van Sant, *Eighteenth-Century Sensibility and the Novel: The Senses in Social Context*, Cambridge, 1994; Christopher Lawrence, 'The Nervous System and Society in the Scottish Enlightenment', in *Natural Order: Historical Studies of Scientific Culture*, eds. Barry Barnes and Steven Shapin, London, 1979, pp. 19–40; John Mullan, *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century*, Oxford, 1988.

71. Cf. Roger Emerson, 'Science and the Origins and Concerns of the Scottish Enlightenment', *History of Science*, 26 (1988), 364.
72. For Gregory's views on religion and philosophy, see *Lectures*, pp. 65–70.
73. Robert Baker, Introduction to part 2, 'The Eighteenth-Century Philosophical Background', in *The Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 93–8 at 97–8.
74. Gregory missed the real heroes, Boerhaave and s'Gravesande, who had died in 1738 and 1742, respectively. Baker rightly says that we do not know which lectures Gregory attended; but his friend and fellow-student, Alexander Carlyle, assures us that he attended very few: 'I ask'd Gregory why he Did not attend the Lectures, which he answer'd by asking in his turn why I Did not attend the Divinity Professors ... Having heard all they could say in much better form at home, we went but rarely and for Form's Sake only to Hear the Dutchmen.' Alexander Carlyle, *Anecdotes and Characters of the Times*, ed. James Kinsley, London, 1973, p. 89. Being concerned with 'Form', Gregory presumably heard Petrus van Musschenbroek on a

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few occasions and, as I hope to show in future work, he seems to have remembered something from Jerome Gaub. For Newtonianism at Leyden, see for example Ernst Cassirer, *Philosophy of the Enlightenment*, Princeton, NJ, 1979, pp. 60–4.

75. See R. Feenstra and C.J.D. Waal, *Seventeenth-Century Leyden Law Professors and their Influence on the Development of the Civil Law. A Study of Bronchorst, Vinnius and Voet*, Amsterdam and Oxford, 1975; Wyger R.E. Velema, *Enlightenment and Conservatism in the Dutch Republic. The Political Thought of Elie Luzac (1721–1796)*, Assen, 1993, pp. 82–5.
76. For Thomasius and the Thomasian school, see Knud Haakonssen, 'Natural Law and the German Tradition', in *Cambridge History of Eighteenth-Century Political Thought*, ed. Mark Goldie and Robert Wokler, Cambridge, forthcoming, and the wider literature cited there.
77. In fact, Baker's suggestion is made in order to account for the inclusion in the volume in question of an interesting paper on Thomasius by Johanna Geyer-Kordesch, 'Natural Law and Medical Ethics in the Eighteenth Century', *Codification of Medical Morality*, pp. 123–39.
78. See, for example, Duncan Forbes, 'Natural Law and the Scottish Enlightenment', in *The Origins and Nature of the Scottish Enlightenment*, ed. R.H. Campbell and A.S. Skinner, Edinburgh, 1982, pp. 186–204; Knud Haakonssen, *Natural Law and Moral Philosophy: From Grotius to the Scottish Enlightenment*, Cambridge, 1995 (with extensive bibliography); *idem*, 'Introduction', in Thomas Reid, *Practical Ethics. Being Lectures and Papers on Natural Religion, Self-Government, Natural Jurisprudence and the Law of Nations*, ed. K. Haakonssen, Princeton, NJ, 1990; *idem*, 'Natural Jurisprudence in the Scottish Enlightenment: Summary of an Interpretation', in *Enlightenment, Rights and Revolution*, ed. Neil MacCormick and Zenon Bankowski, Aberdeen, 1989, pp. 36–49; Istvan Hont and Michael Ignatieff, 'Needs and Justice in the *Wealth of Nations*', in *Wealth and Virtue*, ed. Hont and Ignatieff, pp. 1–44; D.N. MacCormick, 'Adam Smith and Law', in *Valparaiso University Law Review*, 15 (1981), 243–63; Thomas Mautner, 'Pufendorf and Eighteenth-Century Scottish Philosophy', in *Samuel von Pufendorf (1632–1982)*, ed. K.A. Modéer, Stockholm, 1986, pp. 120–31; James Moore and Michael Silverthorne, 'Gershom Carmichael and the Natural Jurisprudence Tradition in Eighteenth-Century Scotland', in *Wealth and Virtue*, pp. 73–85; *idem*, 'Natural Sociability and Natural Rights in the Moral Philosophy of Gershom Carmichael', in *Philosophers of the Scottish Enlightenment*, ed. V. Hope, Edinburgh, 1984, pp. 1–12; James Moore, 'The Two Systems of Francis Hutcheson: On the Origins of the Scottish Enlightenment', in *Studies in the Philosophy of the Scottish Enlightenment*, ed. M.A. Stewart,

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Oxford, 1990, pp. 37–59; Peter Stein, 'The Legal Philosophy of the Scottish Enlightenment', in *Rechtsphilosophie der Aufklärung*, ed. R. Brandt, Berlin and New York, 1982, pp. 61–78.

79. I had done much the same at some length in 'The Duties of an Eighteenth-Century Physician', pp. 40–6.
80. Thomas Reid, *Essays on the Active Powers of Man*, in his *Philosophical Works*, ed. W. Hamilton, Edinburgh, 1895, p. 642. The arrangement around the three duties was particularly reinforced by Samuel Pufendorf's *De iure naturae et gentium* (1672) and *De officio hominis et civis* (1673). The latter was the most influential modern moral-philosophy text across Protestant Europe for much of the eighteenth century, and it had great impact in Scotland from the 1690s; see the papers by Moore and Silverthorne cited in note 77; Haakonssen, *Natural Law and Moral Philosophy*, especially chapters 1–2. The centrality of the concept of offices to eighteenth-century moral philosophy is shown by Ephraim Chambers's definition: 'MORALITY ... [when] used for the science or doctrine of morals ... amounts to the same with what we otherwise call ethics, moral philosophy, or the doctrine of offices.' *Cyclopedia*, 2 vols, London, 1741, 1743, art. 'Morality'.
81. Cf. the literature by McCullough and others discussed above.
82. Cicero, *On Duties*, ed. M.T. Griffin and E.M. Atkins, Cambridge, 1991, p. 58.
83. Thomas Reid, *Practical Ethics*, p. 239.
84. Gregory, *Lectures*, p. 8.
85. Percival, *Medical Ethics*, pp. 45–6.
86. Reid, *Practical Ethics*, p. 238.
87. McCullough, as we saw above, suggests that one of Gregory's triumphs was to establish a medical ethics that was 'complete', 'comprehensive', and 'free standng' ('Virtues, Etiquette', p. 85). But both he, Percival and Rush explicitly saw medical ethics as 'special' and 'derivative' because it was dependent upon a larger system of social ethics – as large as human life.
88. William Blackstone, *Commentaries on the Laws of England*, 4 vols, Oxford, 1765–9, vol. 3, p. 163.
89. For an account of the Slater case, see R. Faden, T. Beauchamp and N. King, *A History and Theory of Informed Consent*, New York, 1986, pp. 116–17, where the case, however, is only related to the question of informed consent, not to the underlying idea of implied contract.
90. *Slater* vs. *Baker and Stapleton*, 95 Eng. Rep. 860 (K.B. 1767); quoted from P.S. Appelbaum, C.W. Lidz and Alan Meisel, *Informed Consent. Legal Theory and Clinical Practice*, New York, 1987, p. 36.
91. F. Hutcheson, *A System of Moral Philosophy* (1755) in *Collected Works*, Facsimile edition, ed. B. Fabian, 7 vols, Hildesheim, 1969–71, vol. 5, I.iii.
92. Like Hutcheson, Butler saw it as a prime concern to refute what he

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took to be Hobbes's denial of benevolence in human nature. Butler argued that we are naturally inclined to desire the well-being of others just as we desire our own well-being. In his discussion of proper self-love, he suggests that the pursuit of self-interest in the sense outlined here would, if more generally cultivated, 'prevent numberless follies and vices'. Butler, *Fifteen Sermons Preached at the Rolls Chapel*, ed. T.A. Roberts, London, 1970, p. 15 (Preface).

93. Hobbes identified 'manners', in the sense of 'decency of behaviour', as 'small morals'. *Leviathan*, ch. 11.
94. Ephraim Chambers, *Cyclopedia*, art. 'Ethics' and 'Morals'; *Encyclopædia Britannica* ..., 3 vols, Edinburgh, 1771, art. 'Moral'. The *Encyclopædia* gives no definition of 'ethics' but refers to 'Moral'. The latter article ends with a reference to 'Moral Philosophy', a major treatment of the topic, derived from David Fordyce, which we will make use of in subsequent chapters.
95. Gregory, *Lectures*, pp. 33–4.
96. It is therefore a distortion when McCullough suggests that the Enlightenment medical ethics set in train by Gregory got rid of the parochial and the particular and became a universal moral theory. The design was to balance the two. See McCullough, 'Medical Ethics in Great Britain and the United States', p. 962.
97. Cf. Daniel Roche, 'Talent, Reason and Sacrifice: The Physician During the Enlightenment', in *Medicine and Society in France*, ed. R. Forster and O. Ranum, Baltimore, MD, 1980, pp. 66–88. I return to this issue in Chapter 3 below.
98. John Gregory, *A Father's Legacy to His Daughters*, Edinburgh, 1788; Thomas Percival, *A Father's Instructions to His Children*, London, 1775; and Benjamin Rush, *Essays Literary, Moral, and Philosophical*, Philadelphia, 1798.

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2

John Gregory: Medical Ethics and Common Sense

Personality and Profession

Life and Career

John Gregory was born in 1724 in Aberdeen to a family described as 'a memorable example of inherited intellect'.[1] Gregory's ancestors included David and James Gregory, who were friends of Isaac Newton, and among the earliest proponents of Newtonian science in Britain. Gregory's father James was a physician and 'mediciner' at King's College, Aberdeen, a position his two sons would hold in succession.[2] When his father died in 1731 the supervision of Gregory's education was left to his maternal grandfather, George Chalmers, the principal of King's College,[3] and to his older brother James, an Aberdeen physician. His early education was also influenced by his cousin Thomas Reid who became his intimate friend and intellectual mentor.

Gregory received his early education at the grammar school in Aberdeen and his university education at King's College under the regency of George Chalmers. His studies included Latin, Greek, ethics, mathematics and natural philosophy.[4] After graduating from King's College, Gregory served as an apprentice to his physician brother and, encouraged by the experience, he left Aberdeen in 1742 to study medicine at the University of Edinburgh.

In his memoirs, Gregory's friend, Alexander Carlyle described aspects of the education they received first in Edinburgh and later at Leyden in Holland. Gregory's Scottish teachers were 'of That First Set, who rais'd the Fame of the School ... above that of any other in Europe'.[5] During his three years at Edinburgh he attended the anatomy classes of Alexander Monro, the founder of both the

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medical school and a dynasty of anatomists who would monopolize the teaching of that subject for most of the century. His other teachers included Drs Andrew Sinclair, Charles Alston, Andrew Plummer and John Rutherford whom he was to succeed in the chair of the practice of physic. It was, as we noted above, this group of medical scholars who brought Boerhaave's ideas and methods to Edinburgh. From them Gregory received the most up-to-date medical education available in Britain.[6]

Although few details are available concerning Gregory's student years at Edinburgh, it is evident that he availed himself of the many opportunities open to a sociable, well-connected and highly ambitious young student. In his medical ethics Gregory included a glowing testimony to those features of his Edinburgh education he most valued and which he later enthusiastically promoted in his medical teaching and writing:

> To this university I owe, in a great measure, my own education; but there are none of my obligations to it which I remember with more gratitude, than the acquisition of some portion of that freedom of spirit, for which it has been always distinguished. The medical societies of students, which have been conducted with decency and regularity, have in this, as well as in other respects, produced the best effects. In these, they have been taught to feel and exercise their own powers, to arrange their ideas, and to express them with facility; and that honourable emulation has been excited, which is a principal spring of diligence and activity.[7]

The Royal Medical Society of Edinburgh played an important role in the careers and reputations of generations of medical students. It became a forum for some of the great medical debates of the century and during his student years Gregory witnessed the challenge of medical students to Boerhaave's great system. He noted approvingly that the founders of the society were never blinded by their veneration for Boerhaave but were guided throughout by 'reason, philosophy and experiment'.[8]

After three years at Edinburgh, Gregory proceeded to Leyden like his teachers before him. Part 'Grand Tour', the sojourn in Holland still held some attractions. However, if Alexander Carlyle is to be believed, these were not, at least for Gregory and his friends, of a strictly academic kind. He reports, as we have seen, that despite the fame of Boerhaave's successors Gaubius, Albinus, Van Royen and, especially, van Musschenbroek, Gregory attended few lectures. Like the twenty-one other British students in Leyden in 1745, he preferred to associate informally in groups 'where the Conversation

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of Young Men of Good Knowledge, intended for different professions, could not fail to be Instructive'.[9]

Professor and Doctor

During his year at Leyden, Gregory received an unsolicited degree of doctor of medicine from King's College, Aberdeen, and in 1746 he was elected regent at that university. As Paul Wood has shown in his recent study of the King's College curriculum, Gregory taught a wide variety of subjects including mathematics, natural history and moral philosophy. Wood claims that it is at least probable that he taught the outlines of the Newtonian system in his general physics lectures, that he found ample expression for his Baconianism and that he instructed his young students in the polite learning and urbane moralizing so popular in the Scotland of his day.[10] In 1749, Gregory resigned his teaching position to take up the practice of medicine. A few years later he married, and moved to London in search of better prospects.

During his years in London, 1754–6, Gregory was made a Fellow of the Royal Society (1754), began a practice, and became part of a social circle identified with Sir George Lyttelton, who had been a political opponent of Sir Robert Walpole and who was a patron of literature and a friend of the famous bluestocking, Elizabeth Montagu.[11] Gregory's relationship with Montagu was a lasting one and on his death he left one of his daughters in her care. He enjoyed the society of his London friends and may even have established a successful practice. Nevertheless, in 1756, on the death of his brother James, he returned to Aberdeen to take up the position of Mediciner at King's College.[12]

The office of mediciner was an ancient one, instituted when King's College was founded at the end of the fifteenth century. At that time the study of medicine was considered an integral part of the university curriculum and every educated man was expected to have a general knowledge of medicine. The medical skills of gentlemen scholars were deployed by local clergymen and landowners who doctored their parishioners and tenants when country roads were impassable and physicians scarce. Traditionally, the King's College mediciner was a regent in the faculty of arts and conducted a medical practice in Aberdeen. Although the College granted degrees in medicine, the title 'doctus in medicina' (learned in medicine) was given primarily as a recognition by the university of high professional attainment and not as a licence to practise.[13] By the eighteenth century, the earlier medical humanist teaching in

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Scotland was being replaced by the rational or scientific medicine taught initially by Boerhaave, and the Aberdeen degree had begun to lose its original currency.

When Gregory returned to Aberdeen to take up the chair of medicine (by now a virtual sinecure) he attempted with a colleague, Dr David Skene, to establish a modern medical school. In this he failed, but he did succeed in helping to establish, with his cousin Thomas Reid, one of eighteenth-century Scotland's leading intellectual clubs, the Aberdeen Philosophical Society or Wise Club (1758).[14] As Samuel Miller, a contemporary American historian observed, the learned societies and academies of the eighteenth century not only made a significant contribution to Enlightenment arts and science, they did so chiefly by increasing and facilitating the 'intercourse of men'.[15] Miller explained that by attracting groups of scholars, the learned societies 'kindled a spirit of emulation among the learned'. From these groups arose 'new methods and objects of inquiry, discoveries and observations' which might otherwise have been lost to the world. And, because the intellectual horizons of these literary and scientific associations were international, they

> bind more closely together the members of the republic of letters in different quarters of the globe, and teach them to feel as brethren embarked in the same cause. They may even be said, in some instances, to have a great influence in advancing national prosperity, and promoting a spirit of general improvement.[16]

Based on the 'improving' principles celebrated by Miller, the Aberdeen Philosophical Society (1758) provided an extra-collegiate forum for its members, most of whom were either professors or clergymen. The most eminent member of the club was Thomas Reid with whose common-sense philosophy it has always been identified. Gregory's Club was one of the most scholarly and convivial of the Scottish societies and the list of influential publications which grew directly out of the discourses read at its meetings is evidence of its intellectual vitality.[17] These included Thomas Reid's *An Inquiry into the Human Mind, on the Principles of Common Sense* (1764); James Beattie's *An Essay on the Nature and Immutability of Truth* (1770); Alexander Gerard's *Essay on Genius* (1774); George Campbell's *Philosophy of Rhetoric* (1776); John Gregory's *A Comparative View of the State and Faculties of Man with Those of the Animal World* (1765); and James Dunbar's *Essays on the History of Mankind in Rude and Cultivated Ages* (1780).[18] John Gregory was an active member of this Society and served as its

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president in 1764. His popular treatise, *Comparative View*, grew out of five of the six discourses he delivered to this society.[19] Many of these essays reflect the Common Sense ideas of Thomas Reid and James Beattie. It was also in the Society that Gregory began to explore the topics which he later developed in his medical ethics. Like Reid and Beattie, he saw it as an important task to defend the principles of Christianity against the threat of atheism and scepticism, particularly as contained in the philosophy of David Hume. Like many of his contemporaries, Gregory both admired and feared Hume. In a letter to James Beattie in 1767 he remarked that before Hume no man of real genius in Britain had 'ever thought of subverting every principle of natural religion'.[20] However, when Beattie mounted a vicious *ad hominem* attack on Hume, Gregory strongly condemned his friend's zealotry. He emphasized that, while he too detested Hume's philosophy, he, nevertheless, 'loved Mr Hume personally as a worthy agreeable man'.[21]

The general philosophical orientation of Gregory's thought was clearly worked out before he, in 1766, took up the chair of physick at Edinburgh. Not only did he share Thomas Reid's views on the importance of religion to morals but most of the key epistemological and methodological assumptions of his Common Sense philosophy. Like Reid, he emphasized the importance of a proper empirical foundation for the sciences (including that of morals) in accordance with Bacon's rules of induction. All knowledge, including medicine and religion, had its foundation in 'nature' and 'common sense',[22] and all hypothetical systems, including medical ones, were to be met with scepticism. Significantly, Gregory shared Reid's interest in the study of the mind and especially its connections with the body.[23] His views on the benefits and harms of commercial society and on 'luxury' and its effects on morals were also ones that he shared with Reid and other members of the Society and which shaped his account of the duties of a modern physician.

Gregory's career as a medical teacher in Edinburgh was a brief one – he died in 1773, eight years after he took up his chair – and throughout his tenure he lived in the shadow of his more established medical colleagues, Alexander Monro secundus, Joseph Black and especially William Cullen. This was, however, illustrious company and the imprimatur of Edinburgh guaranteed that Gregory would continue to have an influential voice in the medical world of the Enlightenment. His contemporary reputation was not, in any case, solely due to the prestige of his teaching position or his medical

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publications, but also the result of two popular treatises which assured posthumous fame for the rest of the eighteenth century and beyond.

Gregory's book on medical ethics was preceded in 1765 by the publication of the afore-mentioned *Comparative View of the State and Faculties of Man with Those of the Animal World.*[24] The work received immediate acclaim in Britain and abroad and established Gregory's reputation as a philosophical physician and as 'a successful observer of the external nature and man', as William Smellie, a former student and future biographer, put it.[25] Like all his work, *Comparative View* was pious, polite, and didactic. His primary aim was 'to improve the taste and understanding of his reader, to mend his heart', and 'to point out to him the proper use of philosophy, by showing its application to the duties of common life'.[26] The work offered a *mélange* of popular topics, ranging from the management and education of infants and the genetic perfectibility of man to the principles of taste in music and the role of philosophy in the development of medicine, agriculture and religion. Gregory's Baconian-inspired views on the healing power of nature and the importance of demystifying and disseminating medical knowledge to the layman were to become central themes of his medical ethics.

Despite its didactic nature, Gregory's contemporaries described his work as 'ingenious and elegant'[27] and its author as 'one of the most agreeable and amiable men of Learning any country has produced'.[28] One laudatory review even suggested that 'with respect to natural ease and unaffected elegant simplicity of style [*Comparative View*] is not to be exceeded in any language ... Gregory's style may be compared to the acting of Garrick ...'[29] It was, moreover, as popular in America as it was in Britain. Thomas Jefferson presented a copy to his daughter in 1792 on the birth of his first grandchild, evidence perhaps of its enduring appeal and its reputation throughout the latter part of the century as a valuable guide to early infant care.[30] With Gregory, too, we can begin to trace the influence of Rousseauan moral and sentimental naturalism on the more practical tradition of Scottish medical philosophy, a tradition exemplified by William Cadogan's popular work, *An Essay upon Nursing, and the Management of Children* (1748).[31] *Comparative View* was in fact one of the earliest and most influential of many eighteenth-century works to expound Rousseau's ideas on infant nursing and maternal care. Like the latter, Gregory encouraged a return to maternal breast feeding as part of a programme of moral regeneration in an increasingly materialistic society – a lesson unlikely to have been lost on the architects of the new republic.

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Comparative View can also be seen as a prominent example of the body of 'polite' literature that flourished among the professional classes in Scotland during this period. It shares with the writings of Gregory's fellow literati, particularly the moderate clergy, the ethical preoccupations, literary style, and scientific methodology of the Scottish Enlightenment. Like many physicians and educators, Gregory adopted the polemical strategies of the more reform-minded clergy and adapted them to his own campaign to reform medicine. He attacked the character of the professional physicians or 'tyrannical expert men', just as the clerics assailed 'zealous orthodox divines'. In *Comparative View* he laid the groundwork for his creation of the ideal physician – 'the man of science and art ... [with] a liberal, knowing or disinterested spirit' – who was the medical equivalent of the reforming moderate clergy. Gregory's similarity to the moderate wing of the Church of Scotland is an important feature of his medical ethics and one which this study will develop.[32]

Gregory's second non-medical treatise, *A Father's Legacy to his Daughters*, was a conduct book for young ladies, published posthumously in 1774. Like his first work, it was an immediate success and, according to one of his biographers, 'soon had its place on every girl's table'.[33] By the end of the century, *Legacy* was the most reprinted book of this enormously popular genre in Great Britain.[34] Although Gregory was viewed by his contemporaries as a great champion of women who argued that they were morally superior to men, there is little in this work to challenge more orthodox views. Gregory promoted the traditional female virtues designed to encourage passivity and amiability and just as predictably warned against any display of overt self-assertion. 'Be even cautious in displaying your good sense' he told his daughters and added, for good measure, 'if you happen to have any learning keep it a profound secret, especially from the men'.[35] Gregory's advice to young ladies guaranteed his posterity in the annals of feminist criticism now as well as in his own century. His most famous critic, Mary Wollstonecraft analysed the assumptions on which, she argued, Gregory's entirely specious arguments rested and concluded that his *Legacy* was more likely 'to render women the objects of pity bordering on contempt' than lead them to the path of true virtue.[36] Wollstonecraft, however, also attacked other famous perpetrators of the same crime, including Rousseau, Lord Chesterfield, James Fordyce and a group of female etiquette mavens who acquiesced in the notion of their natural inferiority. All, it is

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worth noting, received much harsher treatment than Dr Gregory whom she approached 'with affectionate respect'.[37]

The poignant last words of a dying man to his soon-to-be-orphaned daughters appealed to a public taste shaped by the sentimental literature of Rousseau, Richardson and Henry Mackenzie, whose tender-hearted protagonist in *The Man of Feeling* died suddenly from an excess of joy. While Gregory died more prosaically from what he himself diagnosed as 'hereditary gout',[38] he continued to invoke in the minds of his readers the figure of the Scottish 'man of feeling'. His death was commemorated in appropriately sentimental style by James Beattie, in his famous poem 'The Minstrel'.[39]

Historians have for some time acknowledged the influence of eighteenth-century sentimental literature on the development of the modern family and, more recently, the part played by Scots such as Gregory, James Fordyce and Henry Mackenzie has been noted.[40] Nevertheless, little has been written about the possible influence of such literature on the development of a modern medical conception of women. It is likely, however, that a physician who could convincingly claim to be an expert on women's minds as well as their bodies and whose pronouncements were eagerly sought by several generations of British and American women was also in a good position to influence the course of medical practice *vis-à-vis* the female patient.

While Gregory's reputation as a common-sense moralist played an important role in the later influence of his medical ethics, his contribution to the medical world of his day must also be considered. In 1766, when he took up the chair of the practice of physic at Edinburgh its medical school was the most eminent in Europe. As we have seen, students from the Continent, from other parts of Britain, the American colonies, the West Indies and even from Russia flocked to Edinburgh for practical as well as educational reasons. Dissenting students, excluded on religious grounds from entering Oxford or Cambridge, were attracted to Edinburgh by the absence of religious oaths as well as by the prospect of a superior education. North American students, including the Quakers, also found the religious tolerance in Edinburgh congenial and the American link with Edinburgh was extensive. During the period of Gregory's tenure new medical schools on the Edinburgh plan were established in Philadelphia (1765) and New York (1767) and both were initially staffed by Edinburgh graduates. The great literary output of the medical school also accounted for much of its

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international stature.[41] The medical ideas of men like Cullen, Monro and Gregory were widely disseminated in lectures, textbooks and in the published accounts of the debates held in the Royal Medical Society and in the Royal College of Physicians. Through their students the ideas of the Edinburgh professoriate soon became the basis of new curricula in the developing medical schools in Britain and North America.

While he lived in Edinburgh, Gregory held the office of First Physician to the King in Scotland and established a successful medical practice. Many of his patients were members of that city's social and intellectual élite, and those who left accounts of Gregory appear to agree with James Boswell that their physician was 'as amiable as he was benevolent'.[42] Lower-class patients are ominously silent on the treatment they received from medical men but there are at least no accounts of transgressions on Gregory's part. There are, by contrast, many contemporary accounts of the cruelty and arrogance of his close friend and fellow student at Edinburgh, the famous poet-physician Mark Akenside.[43] In a profession as overcrowded, critical and jealous as that of medicine in the eighteenth century, it was unlikely, however, that an eminent, voluble, Aberdonian outsider such as Gregory would escape with his reputation entirely unscathed.

Whatever Gregory's flaws, they were soon forgotten, as is usually the case with those destined by their societies to play the part of role model. Gregory's virtues on the other hand were elevated to those of a paragon and he soon became, as one contemporary wrote, 'a principal ornament' of his profession, and an influential model for generations of medical students in Britain and North America.[44]

The Art and Science of Medicine

'Life is short, the art is long, opportunity is fleeting, experience treacherous and judgement difficult.'[45] The complex nature of medicine evoked by Hippocrates' famous aphorism, served as the rhetorical springboard for a long tradition of medical writing. Francis Bacon echoed earlier writers when he traced the inherent problems of medicine to the human body. The subject of medicine, wrote Bacon, 'is of all other things in nature most susceptible of remedy; but then that remedy is most susceptible of error'.[46] Of the traditional arts, medicine was 'the most conjectural' and the science of medicine, one of its most 'exact and difficult'. Although it was 'a noble art', with 'a most illustrious pedigree', and 'the most learned of the professions' it was also one of the most difficult to judge.[47]

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> The lawyer is judged by virtue of his pleading and speaking, not by the issue of the cause; the master of the ship is judged by his skill in steering, and not by the fortune of the voyage. But the physician and perhaps the politician, have no particular acts whereby they may clearly exhibit their skill and ability; but are honoured and disgraced according to the event; a most unfair way of judging.[48]

Bacon observed that it was not surprising given this situation that the honest practitioner of medicine should wonder why he should 'labour to be wise' when no one could tell the difference between a skilful or unskilful physician, a learned one or a quack. He argued that the fundamental problem of medicine was its lack of a solid empirical base of scientific knowledge:

> Medicine is a science which has been hitherto more professed than laboured, and yet more laboured than advanced; the labours spent on it having been rather in a circle, than in a progression.[49]

In his *Lectures on the Duties and Qualifications of a Physician*, John Gregory took up the problem of medicine as Bacon had presented it more than a century before. In the course of his lectures he developed an eighteenth-century response to Bacon's proposed solution, i.e. to advance the art of medicine by freeing its practice of 'imposture' and its science of 'conjecture'. His task, as he saw it, was to convince a new generation of physicians that it was indeed in their own as well as in their profession's best interest that they should 'labour to be wise'.

Gregory aimed to provide his students with what he believed to be the necessary tools for medical reform. He exhorted them to join the ranks of the philosophical physicians who based their practice on the solid foundation of science and he provided them with a detailed description of the moral and intellectual qualities a physician ought to possess and of course the professional vices to be avoided. Above all he taught that the ideal physician was one who was able to perfect the art of science and medicine and at the same time contribute to the advancement of its practice. At the heart of his reform programme was the idea that the physician was as morally bound to contribute to the advancement of his profession as he was to practise it with integrity and humanity.

Because Gregory's ethics successfully combine the classic with the contemporary, the customary with the innovative, it is difficult to pinpoint exactly those features of his ethics which most clearly reflect his own conclusions. In the following we shall explore what is his most valuable contribution to the development of modern

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medical ethics, namely his attempt to establish the duties of the physician within the wider ambit of contemporary scientific reform and to do so by means of what he and his contemporaries saw as the science of morals. It is in this light that Gregory's ethics can best be viewed as a significant component of Enlightenment medical reform.

The Education of a Physician

The classic notion that each age of man – his infancy, childhood, youth and maturity – had a moral status was a characteristic feature of eighteenth-century Scottish moral philosophy. Gregory, like many other moralists and educators, addressed their professional ethics or duties to young men on the brink of their chosen careers. Youth was viewed as the 'seed time' of life and that stage when the moral virtues could best be cultivated.[50] It was a period, according to David Fordyce, when a young man's 'fancy' rendered him a fertile ground for the reception of the moralists' instruction:

> Passions as well as Perceptions take a more extensive Range. New Senses of Pleasure invite him to new Pursuits; he grows sensible to the Attractions of Beauty, feels a peculiar Sympathy with the Sex, and forms a more tender kind of Attachment than he has yet experienced. This becomes the Cement of a new Moral Relation, and gives a softer Turn to his Passions and Behaviour.[51]

Fordyce's account of the nature of youthful passions was just one constituent of his natural history of man which provided the empirical foundation of his influential *Moral Philosophy*, or, as he also described it, his *Science of Manners or Duty*. According to Fordyce, the chief object of moral philosophy was man's duty and its task was to inquire:

> not how Man might have been, but how he is constituted; not into what Principles, or Dispositions his Actions may be artfully resolved, but from what Principles and Dispositions they actually flow; not what he may, by education, habit, or foreign Influence, come to be, or do, but what by his Nature, or Original Constituent Principles he is formed to be and do.[52]

For Gregory and many other philosophers of the Scottish Enlightenment, moral philosophy, like natural philosophy, was an empirical science based on induction. The subject of morals was man's particular nature and the exploration of his nature began with matters of fact. Fordyce, for example, explained that in order to determine the office or duty of a person, the philosopher must first:

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> ... inspect [its] Constitution, take every Part to pieces, examine their mutual Relations one to the other, and the common Effort or Tendency of the Whole.[53]

These brief passages from the works of Fordyce indicate the general nature of the eighteenth-century Scottish academic moral philosophy, which informed Gregory's ethical writings and of which his inquiry into the duties of physicians would have been seen by his contemporaries as a particular branch. It is helpful here to recall the apparent assurance with which he addressed the duties of the female sex in his popular book of conduct, *A Father's Legacy to his Daughters*, which provides an instructive parallel to his lectures to young medical students. Academic moral philosophy was, it should be emphasized, exclusively directed to the young male student (typically 14 to 18 years old), but its subject was the same as that of the female book of conduct, *viz.* duty; specifically, a young man's duty to himself, to society and to God. In both cases, Gregory's confident tone arose from his recognized expertise as a trained and successful observer of human nature. Gregory's observations were 'scientific' ones, his precepts based, or so he and his contemporaries believed, on the principles of human nature derived from 'the fullest induction of particulars which the subject will admit'. Like his daughters, Gregory's young students were not, as he exclaimed in his female conduct book, 'to be *made* into anything'.[54] They were, rather, to be moulded according to the plan which Nature had herself suggested and which it was his professional business to comprehend and forward.

Gregory's students were also at that stage in life when the moral qualities required for their chosen careers could best be inculcated. Indeed it was because of their 'enlarged sentiments' that Gregory was able to impress upon them the truths of medical practice or, as he explained, the fact that medicine could be either 'an art the most beneficial and important to mankind' or 'a trade, by which a considerable body of men gain their subsistence'. He explained that while there was considerable tension between these two aspects of medicine, they were not necessarily incompatible and that the progress of medicine depended on their being resolved. His task, therefore, was to demonstrate that:

> the system of conduct in a physician which tends most to the advancement of his art, is such as will most effectively maintain the true dignity and honour of the profession, and even promote the private interest of such of its members as are men of real capacity.[55]

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As we shall see, one of the most important features of Gregory's Common Sense medical ethics was his attempt to distinguish the concept of duty from that of interest. He argued that the true dignity and honour of his profession was directly connected to the fulfilment of one's chosen office for its own sake. Gregory's notion of regard for duty, as the contrast to pursuit of personal interest, was again given one of its clearest formulations by Thomas Reid:

> the principle of honour, which is acknowledged by all men who pretend to character, is only another name for what we call a regard to duty, to rectitude, to propriety of conduct. It is a moral obligation to do certain things because they are right, and not to do other things because they are wrong.[56]

It is also important to note that for the Common Sense moralists, the terms *moral sense*, the *moral faculty*, and *rectitude*, were all synonymous with honour. These terms, as Thomas Reid also noted, were merely the philosophers' fancy words for 'honesty, probity, virtue and conscience'. Reid explained that:

> What we call *right* and *honourable* in human conduct was, by the ancients, called *honestum* ... [and they] distinguished the honestum from the *utile*, as we distinguish what is a man's duty from what is his interest.[57]

Gregory's 'timely' advice to his students also had its classical roots in the first systematic programme of professional ethics, Cicero's *De Officiis* (translated as *On Duties of Life* or *Offices*).[58] As we saw in the first chapter, Cicero's and the Stoics' idea of the moral life as a web of offices with implied duties – eventually understood as implied contracts – was taken over by early modern natural law and moral philosophy, not least in Scotland. In this view each of man's pursuits had a particular virtue intrinsic to it and therefore a man's occupation imposed upon him certain duties which arose from the nature of that occupation. The virtues of sympathy and humanity were not, on this account, demanded of the physician alone but they were recognized as his special virtues, just as truthfulness was viewed as the distinctive virtue of a judge.[59] Professional virtues and duties were thus simply special cases arising from special circumstances.

Gregory put himself clearly in this tradition when he called his Edinburgh lectures *The Duties and Offices of a Physician*.[60] Like Cicero, Gregory believed that medicine was an office in life suitable for young men of 'spirit' and 'genius'.[61] Within the Christian providential scheme assumed by his audience, salvation in the

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hereafter as well as one's earthly personal fulfilment were connected to the exercise of Christian virtues. Gregory and his philosophical peers believed that we are, first of all, God's creatures and, second, by the nature allotted us, social creatures. Each of us, man or woman, is endowed with a particular set of talents just as we are allotted a certain place or station in life. It was as Reid explained each man's duty 'to pursue the Noblest Ends' in order 'to obtain the Approbation of Almighty God, to be usefull to Mankind & to behave suitable to the Dignity of our Nature'.[62] All forms of individual improvement, i.e. the pursuit of an education or the acquisition of a skill, could only be justified by their tendency to contribute to the overall good of creation. It is in this context that Gregory's initial remarks on the prospects of a medical career can best be understood. It is also in this light that we can begin to appreciate the nature of the reciprocal contract between a physician and his patients as well as the one between a physician and the society in which he professed to serve. An important part of that 'contract' was the acquisition of an education appropriate to the 'honour and dignity' of a new, improved medical profession, and in this Bacon loomed large as part of Gregory's background.

A Baconian Reformer

The flattering view shared by most classical writers on medicine that it, of all the liberal professions, required 'the most comprehensive mind' was the central problem and challenge posed by Gregory for his students. He explained that medicine was a complex body of knowledge much like other learned professions but that, unlike them, it lacked 'fixed laws' or 'statutes' to which the practitioner could refer in doubtful cases. It also lacked an appropriate body of men who were qualified to adjudicate these controversial matters. As Bacon had noted, the profession of medicine, unlike that of the law, could not base its judgements on a recognized common law. And this, he believed, called for a return to the Hippocratic case study. A lawyer himself, Bacon advised that the physician did not need to adopt the 'lawyers' wisdom', i.e. carefully to 'report new cases and decisions for the direction of future judgements' as he had only to follow the example of Hippocrates and 'set down a narrative of the special cases of his patients'.[63] In his *Lectures,* Gregory, whose chief goal was to effect a Baconian reform, explained that the task had barely begun and because the physician could not, like the lawyer, turn to 'a common law' he must depend largely on his own judgement:

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> Every physician must rest on his own judgement, which appeals for its rectitude to *nature* and *experience* alone. Among the infinite variety of facts and theories with which his memory has been filled in the course of a liberal education, it is his business to make a judicious separation between those founded in nature and experience and those which owe their birth to ignorance, fraud or the capricious systems of a heated and deluded imagination.[64]

To this essentially Baconian message, Gregory added that in medicine, unlike the other liberal professions, there was no disinterested judge of a physician's merit. His reputation was, unfortunately, in the hands of colleagues, 'whose interest interferes with his' and who, moreover, have every reason to conceal or depreciate it. Because of his precarious position it was all the more necessary for the physician to be endowed with good sense and a knowledge of the world, as well as intellectual ability.[65] Hence the physician had the moral duty to seek the best education possible and to develop the qualities necessary for him to fulfil the duties of his profession.

At the top of Gregory's list were those sciences directly connected to the practice of medicine: anatomy, physiology, natural philosophy, chemistry, 'the laws of the union between mind and body', the laws of the nervous system, comparative anatomy, pathology, theory of medicine, *materia medica*, botany, and natural history.[66] He suggested that while it was possible to practise medicine without theoretical training just as one might be able safely to sail a ship without knowing the principles of navigation, it was nevertheless crucial and no progress could be made without it. Moreover, because 'there can be no general rules laid down for the practice of physic, which can be applied in all cases'[67] and as so many factors are to be considered, such as age, constitution and climate, a physician who did not understand the basic principles of medicine would be at a loss. Equally, no person could become a specialist in all branches of medicine and thus it was prudent to concentrate on the fundamental principles of each. While a rational physician must have a grounding in the science of medicine, he could not be the gentleman practitioner Gregory recommended, unless he was acquainted with other branches of polite learning of which the most important was the history of medicine. Because an understanding of past error was a precondition for knowledge, the physician must be aware of the problems inherent in his profession. According to Gregory, the history of medicine provided many salutary lessons. It demonstrated the effects of 'false reasoning and

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superstition', the manner in which 'fanciful ideas appeared at different times in new guises' and it was a useful reminder of 'forgotten but efficacious remedies'. Above all, it taught how medicine had been gradually improved through the ages, less by the theories of philosophers than by the process of experiment and the folk wisdom of common people.[68] Here again, his message and the language were essentially those of Bacon.

Like other reformers in the Baconian mould, Gregory was also an enthusiastic promoter of the proper use of language and writing. Clarity and grammatical exactness were to be viewed as crucial to the advancement of scientific medicine and took precedence over classical purity and elegance of style. In this sense, Gregory insisted, the right use of language was as much a matter of moral obligation as any part of the physician's training.[69]

Gregory's scheme for the improvement of medicine also drew upon Bacon's four-fold division of medical knowledge. His definition of medicine, as 'the art of preserving health, of prolonging life, of curing diseases, and making death easy', was Bacon's, as were the other three categories, i.e. the 'athletick' arts 'of improving the different faculties of the human body'; the 'cosmetick' art of 'the preservation and improvement of beauty' and finally, of special importance to Gregory, Bacon's famous doctrine concerning the 'League of Man', which he referred to as:

> The laws of union between the mind and body, and the mutual influence they have upon one another. This is one of the most important enquiries that ever engaged the attention of mankind, and almost equally necessary in the sciences of morals and medicine.[70]

Gregory's elucidation and enumeration of the many important inquiries connected to 'the laws of union between the mind and the body' was an indication of the central role it played in the eighteenth-century attempt to create an empirical science of man.[71] Gregory's great interest in this subject is evident in his earlier work *Comparative View*, where most of the topics he discussed in his medical ethics were first elaborated. Gregory's discussion of the role of imagination was particularly important for the development of his physiology as well as his views on such varied topics as moral education, scientific method, religion and, most importantly for his ethics, the role of sympathy. Like other subjects of scientific inquiry, the study of the union of mind and body was thought to be open to observation and experiment. Following Bacon and many later

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philosophers, Gregory encouraged scientific forays into such topics as the history of dreams, customs, and enthusiasms, all of which were believed to be capable of providing physicians with the materials necessary for further investigation in logic, ethics, politics and medicine.[72]

Gregory's discussion of scientific methodology was also heavily influenced by Bacon's programme for the reform of the sciences. Most prominently, he employed the famous typology of the various misconceptions known as the 'idols' that arise out of human perception. Equally apparent are Bacon's ideas for medical reform in Book II of *The Advancement of Learning*.[73] Gregory shared Bacon's distrust of abstract philosophical systems and all experimentally indefensible hypotheses. He argued that medical science, like natural science in general, must reject 'the tyranny of authority' and rebuild itself 'on the more solid basis of nature, on facts, and an accurate induction from them'.[74] Only medical knowledge grounded on experience and observation could lead to inventions useful to man. The ideal scientist would no longer be a solitary monkish figure but one who was active in society for the benefit of others. Scientific knowledge could most profitably be pursued in a public arena by a multitude of men with a variety of skills and education instead of being, as it had so often been in the past, the private work of a few men of genius. Because all persons have a natural capacity for observing the phenomena of nature, all are to some extent able to participate in the great task of gathering new scientific facts. Most importantly, Gregory remarked,

> one of the chief advantages of a regular education, and of studying medicine on a systematic plan, arises from its rendering students more capable of distinguishing between real facts, and inferences of the mind mistaken for them; between a visionary hypothesis and a just theory.[75]

Science and Fiction

Gregory warned that in his search for true knowledge the traps and pitfalls were more often those which existed in the mind of the researcher himself. Naturally credulous, all men possess an original principle planted in the human mind 'whereby it is led to believe that the course of nature is regular':

> So ardently do we find everything that happens within our observation, thus connected with something else, as its cause or occasion, that we are apt to imagine connections upon the slightest

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> grounds; and this weakness is most remarkable among the ignorant who know least of real connections established in Nature.[76]

Credulity was an 'instinctive' original principle which also disposed the inexperienced to believe everything told to them.[77] Only knowledge and experience corrected this natural propensity. Gregory argued that it was not solely from one's own nor from the testimony of others that such experience could be acquired because both sources were likely to be fallacious and defective. And even if a sense impression was correctly received it was likely to have been acted upon and modified by the imagination. As Gregory explained:

> every part of natural history, and medicine above all others, is crowded with facts, attested by eye-witnesses of supposed veracity; which, notwithstanding, had never any existence but in their own imaginations.[78]

If our own senses fail us and we cannot rely on the testimony of others, how was knowledge to be acquired? How are we, in other words, to know 'the real connections established in Nature'? Gregory explained that while the peasant and the philosopher alike were credulous and disposed to being deceived by simple appearances, only the latter was sceptical and thus derived his conclusions from more 'enlarged' experience and 'acute' observations.[79]

In his chapter on the proper (Baconian) methodology in medical science Gregory attempted to demonstrate that various 'idols' could impede progress and prevent the establishment of natural philosophy on a solid foundation. These included 'the impatience of men to refer all events to general laws', 'false reasoning', 'imaginary analogies', the belief that 'the laws of nature [are] fewer and simpler than they really are' and the tendency to become blinded to or suppress the inherent difficulties of an experiment when a discovery appeared likely. Gregory emphasized that diffidence and candour were the key virtues of the 'new science' and that the uneasiness of mind produced by this 'state of suspense', although disagreeable, was nevertheless 'a powerful incitement to such enquiries as may remove it'. He added that it was not this form of healthy scepticism or epistemological insecurity that impeded science but rather the false security that a zealous attachment to one's theories inevitably produced.[80]

While the aberrations of the mind described by Bacon led to false systems and theories, it was, according to Gregory, even more futile to declaim against reason and theory as 'useless and delusive' because no science could progress without it:

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> In every useful experiment, and especially in conducting a train of experiments, we must employ our reason; there must be some point of view, some anticipation of a principle to be established or rejected and reason must determine all the circumstances to be attended to in making every observation, or experiment with a view to discover the truth.[81]

The problem was that some people reason better than others. Those who reason well are 'deeply sensible of the difficulties of enquiry' into the causes of diseases and effects of remedies and 'candid' in the acknowledgement of their mistakes:

> if the cause does not admit of a direct proof, they consider their principle as only more or less probable, but never relinquish the pursuit. These I think have a just claim to the title of rational physicians.[82]

On the other hand, physicians who committed the 'fallacies' Gregory had previously described could not claim this title. Their methodological sins were moreover very great indeed. They tended to form hypotheses on scant evidence and resorted to vague analogies. In practice, they neglected particular observations in the belief that their general principles were well enough established not to need further confirmation. Since antiquity there had been these two sorts of physicians:

> one pretending the strictest regard to observation and experience, but stigmatized by their opponents as quacks; the other assuming the name of rational or dogmatical physicians, but accused of ... being attached to imaginary hypotheses, either wholly inapplicable to practise, or corrupting it with errors.[83]

Although Gregory's discussion of the distinction between the two sects of physicians, the 'empiricists' and the 'dogmatists', was a common-place in eighteenth-century medical literature, he nevertheless used it to set the stage for what his contemporaries saw as an original contribution to professional reform. But first he had to demonstrate how the two sorts of traditional physicians, by combining their respective intellectual resources or characteristics, could strengthen and advance medicine.

According to Gregory, the terms used to describe the two categories of physicians were themselves pejorative and consequently divisive. As he explained, the term 'empiric' was often synonymous with quackery, when properly speaking it simply denoted 'a physician who regards experience and who is directed by it in his practice'. The terms 'rational' or 'dogmatic' were equally open to

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derision and to many suggested a character 'conceited, dictatorial, and obstinately attached to particular opinions'. In the original sense, however, a dogmatist was 'one who endeavoured to reduce knowledge of diseases to certain principles'.[84]

Gregory's solution to the problem set by the 'empiricists' and 'dogmatists' was (like Boerhaave's) a compromise between the two medical sects. The science of medicine could not advance if it proceeded on a purely empirical basis and, equally, the practice of medicine could not be based on pure speculation. Ideally, he argued, medical students should be taught the elements of their science by uniting the *analytic* with the *synthetic* method. The former was the most efficient way of communicating knowledge while the latter, with its emphasis on facts, was the most conducive to the creation of improvements in the science. The most important benefit from this method of study was that physicians would, from the beginning of their studies, attend clinical lectures and become familiar with the signs and symptoms of the various diseases and thus acquire 'the habit of attention and discrimination and bring the truth of general principles to the test of experience'.[85]

The Laying Open of Medicine

That 'no science had suffered as much as medicine by the neglect of its true end' was another Baconian common-place of medical writing employed by Gregory. In his *Lectures* he argued that it was not the paucity but surfeit of brilliant men who had brought medical science to a standstill. The reason he explained was the predilection of certain physicians for abstract theorizing and a taste for the recondite which resulted in elaborate but useless classificatory systems and a body of ideas founded on delusion and superstition rather than on observation and experience. Gregory exhorted his students to 'throw off the shackles of authority, to appeal to Nature in Matters of fact and to assert the right of private judgement in matters of opinion and reasoning'.[86] Gregory did not condemn all medical systems. He praised the nosological system of his colleague William Cullen, for its simplicity, clearness and precision, and that of the great Swedish naturalist Linnaeus for its utility and application to agriculture and medicine.[87] He noted approvingly, however, that one of the greatest of the natural scientists, Robert Boyle, did not 'draw his large and useful collection of facts' from the schools of philosophy but from 'strolling chymists and the lowest artificers'.[88]

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The methodological problems of the medical sciences were, however, not the greatest problem faced by the medical profession. While the candid and rational physician may have freed himself from the shackles of past authority, his own credulity and his peculiar intellectual tastes, he had still to contend with less enlightened colleagues who practiced medicine 'merely as a trade'. Moreover, as Bacon had warned, there was virtually no way the ordinary patient could distinguish between the two sorts of physicians because medicine, unlike the professions of law and divinity, was kept 'concealed from the world':

> the art must necessarily be practised in so private a manner, as renders it difficult for the public to form a just estimate of a physician's knowledge from the success of his practice. Accordingly in no other profession is the reward of merit so uncertain.[89]

The private nature of medicine had made it possible for men of little more than ordinary sense and good manners to rise to positions of eminence. And because there were few rewards for true excellence in medicine, the best physicians soon perceived that the knowledge most profitable to them was not that of medical science but the arts of 'insinuation' and 'ostentation'.[90]

Gregory's proposed solution to this problem was to make medicine a more public science by training scientific non-physicians to act as judges of physicians' merits. 'How rapid a progress', he speculated:

> would the practical part of medicine make, if physicians were at equal liberty to improve it, under the inspection and patronage of men qualified to judge their merit, and who were under no temptation, from sinister motives, to depreciate it?[91]

Gregory's disinterested judges as opposed to the all too interested members of his own profession were to be independent gentlemen scholars whose liberal education included the study of the medical science. As he saw it,

> Such judges, not fettered by early prejudices, unawed by authority, and unbiassed by interest, would canvass with freedom all the commonly received principles of medicine, and expose the uncertainty of many of those maxims of which a physician dares not seem to doubt.[92]

Gregory's ideal judges were not mere high-born dilettantes with a penchant for medicine. They were rather some of the great contributors to the development of modern scientific medicine in

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Britain. Most eminent was Francis Bacon, whom he praised for having 'as enlarged views of medicine, of its deficiencies, and the proper method of supplying them, as perhaps any physician who ever wrote'. Another exemplar, Stephen Hales, was praised as one of medicine's great benefactors, and Robert Boyle as the greatest British scientist next to Newton.[93]

Gregory claimed that medicine traditionally had been closed to all but the trained 'faculty' physicians who had, in their own defence, argued that it was far too abstruse to be understood by laymen. They also claimed that opening medicine to non-physicians would encourage quackery and that the possession of medical knowledge in the hands of the public would result in their minds being filled with imaginary diseases.[94]

In response, Gregory argued that the laying open of medicine to the élite judges as well as to the educated members of society would be highly beneficial. The problem of quackery he dismissed on the humanitarian grounds that those who have no access to physicians will naturally turn to family, neighbours, and bystanders. He argued that it was far better that the ordinary man's adviser, whoever that person might be, should be informed by 'art' rather than by 'fancy':

> If, by withholding this assistance, every disease, where a physician was not consulted, was to be left to nature alone, physicians would have a plausible excuse for keeping the world in ignorance; because it might be alleged, that more diseases would be cured by the efforts of unassisted nature, than by the random management of people imperfectly instructed in medicine.

But this was rarely the case. Poor patients, he warned,

> are so far from being left to nature, when no physician is called, that they are commonly oppressed with a succession of infallible cures recommended by quacks, or their weak and officious friends.[95]

According to Gregory, young physicians were controlled and intimidated, not by people 'whose education and knowledge should make their opinions respectable', but rather by ignorant and conceited people. By contrast they would have nothing to fear from his proposed patrons, 'the gentlemen of science who have turned their attention to medicine'. By laying medicine open and encouraging such men to study it,

> the interests of humanity would be promoted, the science would be advanced, its dignity more effectually supported, and success more certainly secured to every individual, in proportion to his real merit.[96]

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Gregory concluded his proposals for the reformation of medicine with the observation that the very same objections against having impartial judges and patrons in medicine had been made by those who had earlier opposed the Protestant Reformation. The opponents of religious reform argued that theology was too deep and complicated for those who did not devote their whole time to the study of it, and that having the laity call church authority in question was damaging to the cause of religion. The laying open of Protestant theology had not, however, damaged religion but had on the contrary both improved it as a science and promoted its true interests. As a result the clergy became a more respectable and a far better-educated body of men than they had been in their days of absolute power.[97]

Although Gregory did not develop the interesting analogy between the laying open of theology and medical science, it is very likely that this was the chief institutional model for the reform programme he had proposed. Indeed, his plan to 'lay open' the medical profession was entirely comparable with the institutional structure of the Presbyterian Church. A medical profession based on such a plan would work within a 'presbytery' modelled on the 'laity' of the Scottish Church. Such a body, ideally composed of Gregory's 'scientific gentlemen of fortune', would function as the patrons, judges and overseers of the practical branch of medicine, serving the young physician-scientists eager to contribute their mite to the general store of medical knowledge.

Gregory, however, would have favoured the model of a moderate and enlightened Church over the Calvinist model of the laity taken at large, for the latter was a body characterized by its zealotry and enthusiasm. Just as enlightened clergymen had profited from the direct patronage of the polite and educated class, so too, he claimed, would physicians of true merit flourish under the patronage of disinterested, medically literate, scientific gentlemen. This, at least, is a plausible reconstruction of his analogy, which can best be demonstrated if we examine the conclusion of his *Comparative View* and his description of the role he believed that philosophy and philosophers including medical men should play in society. He argued that:

> the bulk of mankind are made to act, not to reason, for which they have neither abilities nor leisure. They who possess that deep, clear and comprehensive understanding which constitutes a truly philosophical genius, seem born to an ascendancy and empire over the minds and affairs of mankind, if they would but assume it. It

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> cannot be expected, that they should possess all those powers and talents which are requisite in the several useful and elegant arts of life, but it is they alone who are fitted to direct and regulate their application.'[98]

Gregory's solution to the tension between professional private interest and philosophical disinterestedness, depicted as the *beau idéal* of his new medical science, had a more aristocratic precursor in the literature of the early members of the Royal Society, many of whom were medically trained.[99] In his history of the society published in 1667 Thomas Sprat, for example, emphasized the importance of scientifically educated 'Gentlemen, free and unconfin'd', for the development of the 'new' philosophy. It was, he argued, the characteristic virtues of this class of men that would prevent the two greatest corruptions of science, first, 'that knowledge still degenerates to consult present profit too soon; the other, that Philosophers have bin [*sic*] always *Masters and Scholars,* some imposing & all the others submitting, and not as equal observers without dependence'. Sprat's solution to this problem was to commit:

> the Work to the care of such men who, by the freedom of their education, the plenty of their estates, and the usual generosity of Noble Blood, may be well suppos'd to be most adverse from such sordid considerations.[100]

Although Sprat argued that the integrity of experimental science rested on the liberal spirit of the educated classes, other concerns were evident as well. Robert Hooke (1635–1702), for example, praised the *'Gentlemen* of our Nation, whose leisure makes them fit to *undertake,* and the plenty of their fortunes to accomplish extraordinary things in this way'.[101] It was wealthy, educated gentlemen, in other words, who had scientific laboratories built, fitted and manned.

It was clearly this ideal Gregory wanted transposed to his own time. His tone, his reference to the role of the laity in the reformed churches, and his position among the Scottish moderate literati combine to suggest a broader category of independent 'liberal' gentlemen than those invoked by the early Royal Society. In this regard the programme was soon to be taken further. Gregory's ideas for the reform of his profession did not expire with their author. He was a friend of William Buchan, the author of *Domestic Medicine* (1769), the century's best-selling guide to family medicine, and it was through this popular work that his proposal to educate the lay public in matters of

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health was realized. Despite what he referred to as a 'spirit of persecution' from official quarters, Buchan managed to publish his book with Gregory's friendly advice and approval and a great deal of assistance from Gregory's student and later biographer, William Smellie. *Domestic Medicine* was a practical guide to contemporary medical knowledge which adopted not only the rhetorical form and substance of Gregory's own writings but many of his practical views as well.[102] The work was designed, in Gregory's words, to 'lay medicine open to the public', and it seems to have done so. *Domestic Medicine* went into nineteen British and thirty-five American editions and sold, in its author's lifetime, 80,000 copies in Britain alone.

Duties of a Polite Profession

The Sympathy of Dr Gregory

At the heart of Gregory's medical ethics was a depiction of a medical man who combined the virtues of the 'rational' physician with those of 'the man of feeling'. In addition to the particular 'genius' or intellectual qualities described above he also possessed the virtue of 'humanity' or sympathy which he explained was:

> That sensibility of heart which makes us feel for the distresses of our fellow-creatures, and which of consequence incites in us the most powerful manner to relieve them. Sympathy produces an anxious attention to a thousand little circumstances that may tend to relieve a patient; an attention which money can never purchase: hence the inexpressible comfort of having a friend for a physician. Sympathy naturally engages the affection and confidence of a patient, which, in many cases, is of the utmost consequence to his recovery. If the physician possesses gentleness of manners, and a compassionate heart, and what Shakespeare so emphatically calls 'the milk of human kindness', the patient feels his approach like that of a guardian angel administering to his relief: while every visit of a physician who is unfeeling, and rough in his manners, makes his heart sink within him, as at the presence of one, who comes to pronounce his doom. Men of the most compassionate tempers, by being daily conversant with scenes of distress, acquire in process of time that composure and firmness of mind so necessary in the practice of physick. They can feel whatever is amiable in pity, without suffering it to enervate or unman them.[103]

On the basis of this and similar passages, Laurence McCullough has interpreted Gregory as subscribing to David Hume's theory of sympathy, and these suggestions have obviously lent Gregory much-needed philosophical respectability among contemporary

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philosophical ethicists. Since it would be hard to combine a Humean theory of sympathy with the moral thought I am finding in Gregory, it is incumbent on me to show that McCullough is wrong, and demonstrably so. As I see it, a medical ethics based on the system of what Gregory took to be an ascertained atheist would, for him, have been as monstrous as a sexual ethics based on the ideas of the Marquis de Sade. This was the reason why Gregory, Rush and many others were fascinated by the fact of their liking for Hume as a person.

McCullough's argument is that Gregory uses 'sympathy' in exactly the same way as Hume and that he, like Hume, identifies it with 'humanity'. Since 'Hume invented the philosophical concept of sympathy and Adam Smith developed the major alternative variant of the concept', and since Gregory's idea of sympathy is clearly at variance with that of Smith, he concludes that Gregory turned to Hume for guidance in this matter.[104] The point is that sympathy, for Hume, consists of an identification with the sentiments of the object of sympathy so that these sentiments become those of the sympathizing person as well. For Smith, on the other hand, sympathy consists in putting oneself imaginatively in the situation of the other person, which may or may not lead one to have the same sentiments as this person.[105]

This distinction between Hume and Smith is distorted. Smith's point is that the kind of 'distance' to the sentiment of the person we sympathize with is something we learn; our natural inclination is, in many situations, to identify with the other. Second, it is well known in the scholarly literature that Hume was moving towards the Smithian concept but that he was inconsistent and mixed up the 'neutral' Smithian idea of sympathy with the sentimental and value-laden idea of identification – and that Smith pointed this out to him.[106] Finally on this point, even if we agreed that the Gregory quotation above indicates a Humean concept, it is not hard to find passages in Gregory that, with as much plausibility, may be taken to indicate a more Smithian line of thinking. In the following lines, Gregory is at least making the point that sympathy is a natural inclination that we learn to check by reason when we can, which sounds rather like Smith's idea of the restraint of self-command:

> This disposition [to sympathetic imitation] we can often check by the force of Reason, or the assistance of opposite impressions: at other times, it is insurmountable.[107]

Of greater importance here is the direct identification of Gregory's use of 'sympathy' as identical with that of Hume. In every relevant

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passage of Gregory, including the one that was quoted at the beginning of this section and that is McCullough's primary piece of evidence, 'sympathy' is not simply limited to the Humean appropriation of the other person's sentiment. First of all, it is directed toward distress, whereas Humean sympathy can be with joy as well as misery. When Gregory talks about our participation of other people's joy, he tends to switch to 'sensibility', 'sociability', etc., though in this as in most usage concerning the theory of the mind, he is as inconsistent as one would expect from one who is concerned, not with the theoretical detail, but with the moral tale. Second, Gregory's 'sympathy' includes the traditional notions of beneficence, inclination to assist, etc. Gregory says, we 'feel for the distresses of our fellow-creatures', not that we feel those distresses; we might do the latter as well, but it is the former, the motivating force of sympathy that is his concern. In other words, Gregory's idea of sympathy is the standard one found in more or less every moralist of his age (and many other ages).[108] Finally, McCullough makes much of the circumstance that Gregory, like Hume, uses 'sympathy' and 'humanity' synonymously, but this was also common usage.[109]

With these points in mind, we are not surprised to find that Gregory in his early work, *Comparative View,* had already explained sympathy together with benevolence, sensibility and the 'affections' (or emotions) as, all of them, 'refinements' of our natural sociability. Sociability (along with reason, taste and religion) was an original constituent principle of human nature, but a somewhat malleable one. In common with many contemporary Scottish thinkers, Gregory believed that the strength of these four basic principles varied from person to person and from culture to culture. For example, the principle of reason was thought to be stronger in Britain than that of sociability, whereas in France the latter was the predominant principle. Gregory also held the classical notion that the moral as well as the physical constitution of a country's inhabitants were determined to some extent by external factors and other 'mechanical' causes such as climate:

> In some people one Principle is naturally stronger than it is in others, but exercise and proper culture will do much to supply the deficiency. The inhabitants of cold climates having less natural warmth and sensibility of heart, enter but a little way into those refinements of the Social Principle, in which Men of a different temper delight. But if such refinements are capable of affording to the Mind innocent and substantial pleasure, it should be the business of Philosophy to search into the proper methods of cultivating and improving them. This study, which makes a

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> considerable part of the Philosophy of life and manners, has been surprisingly neglected in Great Britain.[110]

The principle of sympathy was, in other words, a part of human nature which, though often weak, could nevertheless be inculcated in youth and thereafter successfully nurtured by various means. He suggested that the proper task of the moral philosopher was not to immerse young minds in 'a severe and supercilious philosophy' which made them 'too wise to be happy' but rather to inquire into the most effective means of cultivating moral sense. The moral power could be cultivated or restored if dormant or waning by means of the right sort of literature. In short, although a medical man – or, rather, because a medical man – Gregory clearly saw himself in the academy of Hutcheson's literary 'moral painters' rather than in the operating theatre of Hume's 'moral anatomists'.

In addition to literature, sociability was the source of sympathetic strength. The company of women and children, both of whom were believed to possess vast reservoirs of sympathy, was recommended for faded physicians and cantankerous elderly.[111] Medical men should seek out social gatherings where men and women of all ages and classes gathered together, for

> the true propriety and harmony of social life depends on the connexion of people of different dispositions and characters judiciously blended togetherónature has made no individual and no class of people independent of the rest of their species, or sufficient for their own happiness.[112]

For Gregory this form of natural equality was the consequence of man's innate sociability and the means by which sympathy could be fostered throughout society. In all his writings he was careful to explain that reason unassisted by the moral sense could never be the sole source of human or private good. Consequently men (and women) of intellectual ability must inevitably often depend for their happiness on the affection and companionship of those who are their social and intellectual inferiors. He warned that those who,

> correctly, prefer the sweets of social life and private friendship to the vanity of being admired, must carefully conceal their superiority, and bring themselves down to the level of those they converse with. Neither must this seem to be the effect of a designed condescension for this is still more mortifying to human pride than the other.[113]

Like the young ladies whom Gregory advised to disguise their superior intellect in the company of men,[114] the educated gentleman

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must also, for the sake of his own or others' happiness, disguise his intellectual superiority. The 'easy condescension' which Gregory assumed to be the moral duty of the gentleman was not, in this view, an aspect of etiquette or *noblesse oblige* but 'the natural and proper expression of good affections' which was the very essence of 'true honour'. This was the lesson which Gregory would later transpose to his medical ethics and to the character of the ideal physician.[115]

Gregory's earlier views on sympathy and the other 'refinements' of the social principle directly informed his discussion of the moral qualities 'peculiarly' required by the virtuous physician.[116] And although these qualities were the key elements of the morally good character in general, in his medical ethics he addressed the question of their propriety in the specific context of medical duties. Sympathy or benevolence might be a duty incumbent upon all morally good persons, but for a physician it was the chief duty. He warned his students that his model of the sympathetic physician did not enjoy universal acceptance and that many detractors treated it with derision and misrepresented it as unmanly, hypocritical or even the sign of a weak mind. Gregory defended his ideal and emphasized its importance in the formation of a gentleman physician, the humane practice of medicine, and the advancement of the profession. Sympathy or the capacity 'to feel for the misfortunes of his fellow creatures' was the chief motive for the performance of virtuous action and one of 'the most natural and powerful incitements' for a doctor 'to exert himself for the relief of his patients'.[117] Real sympathy was neither hypocritical nor effeminate and it never pandered to persons of high rank. Far from indicating a weak mind, a compassionate or benevolent physician usually possessed a strong and vigorous mind. The unsympathetic doctor, on the other hand, often resorted to 'rough and blustering manners' in order to disguise his lack of magnanimity and courage.[118] He warned his students against both an excess of sympathy which could 'unnerve' or 'unman' them and the loss of sympathy which sometimes occurred in physicians of established reputation and practice.[119]

Intellectual Duties of a Liberal Profession

If Gregory's ideal physician, or 'the physician of genius' as he often referred to him, was to be a man of good sense as well as sensibility, then he must also possess those qualities of character necessary to manage his patients with 'judgement, firmness and discretion'.

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While the gentler virtues which arise from sympathy and humanity took centre stage, 'Reason' informed by the appropriate education and training must be waiting in the wings prepared for all the contingencies of practice. It was, he believed, in the union of these two natural principles that the true genius of the medical character resided and the chief means by which the rational or scientific physician displayed his real superiority. The latter would not, for example, 'take refuge in the works of dubious or conflicting authority' but would rely on his own judgement which 'appeals for its rectitude to nature and experience alone'.[120] Gregory's physician of genius was, in other words, the embodiment of those Common Sense principles he outlined in his *Lectures*.

Just as the moral virtues of the rational physician, most notably his sympathy, enabled him to engage the emotions of his patients, so too the intellectual virtues enabled him to command their confidence and respect. Both were important to patient care and both were to become 'the principal duties a physician owed to his patients'. Gregory explained that the 'amiable qualities' of gentleness and flexibility, when combined with those of reason, i.e. judgement and discretion, were far more likely to succeed than a more 'despotic' approach. This benevolent paternalism can best be illustrated by his observation that the so-called 'humane' management of the mentally ill, by which he meant the application of sympathy and reason to their treatment, had proven far more effective than treatment based on harsh and punitive measures.[121]

In his discussion of the classic virtues of secrecy, sobriety and temperance, Gregory also emphasized a Common Sense approach. Because a physician had privileged access to the lives of his patients, his honour and discretion was the chief guarantee of their privacy. The duty of secrecy which formed the basis for patient trust was particularly necessary in the case of women whose 'natural delicacy' must be recognized by the gentleman physician. Temperance and sobriety were also virtues 'particularly required in a physician' and likewise connected to his intellectual duties. The nature of medical practice, with its sudden emergencies and intricate problems of diagnosis, made it essential that the physician's 'memory and judgement' were not diminished by inebriety and intemperance. According to Gregory, some 'eminent physicians' have boasted that they could 'prescribe as justly when intoxicated as when sober' but this, he argued, only proved that they 'practiced by rote', ignorant of all the peculiar circumstances of the specific case at hand.[122] Gregory noted that it was exactly the physician's ability to reason in

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particular cases which set him above his non-scientific counterpart. Not only must he be able to give a rational account of his treatment or prescription, he must also be able to accept criticism from his colleagues and patients and 'be ready to acknowledge and rectify his mistakes' – Gregory's definition of the candid physician. Candour was, for Gregory and many other proponents of scientific medicine, a moral duty owed by the physician to his profession as well as to his patients. Throughout his *Lectures* Gregory warned against the 'self-conceit' that blinded the physician and prevented him from acknowledging the constructive criticism of his colleagues. Lack of candour was 'a species of false pride' incompatible with the 'true dignity' of medicine which, he argued, could only be maintained:

> by the superior learning and abilities of those who profess it, by the liberal manners of the gentleman, and by that openness and candour, which disdain all artifice, which invite to a free inquiry, and thus boldly bid defiance to all that illiberal ridicule and abuse to which medicine has been so much and so long exposed.[123]

The importance that the Enlightenment put upon 'openness' or candour in theology, pedagogy, science and religion has been analysed by several recent scholars, and Alan Saunders has shown how this concept was promoted to facilitate the development of a genuinely philosophic or scientific culture.[124] Just as many theologians looked for the moral common ground that would enable people to overcome the antipathy caused by their different religious beliefs, so physicians and other scientists searched for the means to encourage cooperation between the various 'sects' in their own field. While Gregory's discussion in the *Lectures* was designed to promote the virtue of candour in the scientific or rational physician, Percival and other dissenters such as Joseph Priestley also deployed the concept as the basis for the creation of social institutions designed according to rational principles.

Morals and Manners between Physician and Patient

The distinction between manners and morals, ethics and etiquette, duty and decorum is, as previously indicated, a perennial topic in medical ethics and a popular one in eighteenth-century moral philosophy. In his *Sketches of the History of Man*, Gregory's friend, Lord Kames suggested that:

> Manners are distinguished from morals; but in what respect has not been clearly stated. Do not the same actions come under both? Certainly; but in different respects: an action considered as right or

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> wrong, belongs to morals; considered as peculiar to a person or to a people, it belongs to manners.[125]

Also characteristically, Mary Wollstonecraft remarked that:

> Manners and morals are so nearly allied that they have often been confounded; but, although the former should only be the natural reflection of the latter, yet, when various causes have produced factitious and corrupt manners ... morality becomes an empty name.[126]

In his discussion of the 'decorums and attentions' owed by the physician to his patient, Gregory acknowledged the problems raised by these terms and proposed a test for distinguishing between those aspects of a physician's professional manners which fall into the category of duty and those which should be left to the discretion of the individual practitioner:

> Decorum, decency and propriety are words very indeterminate in their application; for this reason, that the ideas annexed to them are partly founded in nature and common sense, partly in caprice, fashion, and the customs of particular nations. In the first case the obligation to them is immutable, the same in all ages and nations; in the latter it is fluctuating and less binding.[127]

In the course of his considerations on this traditional theme, Gregory not only provides us with the various precepts that comprised his medical etiquette but also with a better understanding of the reciprocal relationship between the polite physician and his patient. Most significantly, the patient not only has rights but duties toward his physician. 'Every man', Gregory wrote, 'has a right to speak where his life or his health is concerned, and every man may suggest what he thinks tends to save the life of his friend.' The patient however (or the friend or family member interceding on his behalf) has a corresponding duty to do so with politeness and 'deference to the judgement of the physician'. The physician, on the other hand, has a duty to be candid, to listen with due attention and to examine their suggestions. If he agrees with his patient, he should say so and, if not, he should explain carefully the reason for his disagreement, 'showing neither pique nor obstinacy'. He should attempt to dissuade a patient from taking what he believes to be a dangerous medicine 'but he has no right to complain of his advice not being followed'.[128] Although Gregory's discussion of the relationship between patient and physician was hardly a blueprint for a modern charter of patients' rights his attempt to encourage civility and respect within an often very unequal relationship

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emphasized the necessity of cooperation in the quest for medicine's common goal, the recovery and health of a patient.

The question of a physician's proper dress and manner was, as we have noted, a duty which allowed a degree of discretion on the part of the physician. In his interesting discussion of this subject Gregory traced the problem to its roots in the formal garb adopted by the ancient guilds. He explained that, 'In many stations a particular formality or pomp of dress is highly proper, independent of any fashion whatever; for example, in judges and magistrates'. In the case of the legal profession the mode of dress or external appearance was entirely compatible with the nature of their profession. It was a manner of dress designed to 'impress the minds of the people with due veneration and fear of the laws'. In medicine, however,

> There is no natural propriety in a physician's wearing one dress in preference to another; it not being necessary that any particular respect or authority should be annexed to his office, independent of what his personal merit commands.

Gregory argued that in the past physicians had deployed 'external formalities' such as a formal dress and manners 'to impose on the weakness and credulity of mankind'. He concluded that if

> there is no natural and real propriety in a physician's wearing a distinguishing dress, he can be under no obligation to use it, but what arises from the particular fashion of the country where he resides.[129]

The physician's choice of dress was nevertheless an obligation in which 'common sense and prudence' made it necessary to follow the customs and prejudices of the country. In short, the physician should not stand out one way or the other, but adopt the community standard of dress – always bearing in mind that formal or idiosyncratic dress of any sort can frighten the sick. A physician's appearance – his dress and his manner – should be adapted to the end of his profession which was not, like the magistrate's, to strike fear in the hearts of men but to soothe, cheer and console.[130]

In his discussion of the decorums and attentions owed to patients by their physicians, Gregory also touched upon the traditional questions of truth-telling and the treatment of dying patients. It was Gregory's view and one which Percival and Rush would also adopt that there were some situations in which telling the truth was not medically sound. Gentle hints could, however, be given to patients who had made no preparations for their deaths in

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order to protect their families. Moreover, the latter must as a strict point of justice always be told the truth with as much humanity as was possible.

On the question of whether or not to remain at the bedside of a dying patient, Gregory took issue with the custom of leaving patients or 'giving them over to Nature' or to their clergymen. He recommends instead a view on the matter which had long been identified with Bacon who argued that it was: the office of a physician not only to restore health, but to mitigate pain and dolours;

> and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage; for it is no small felicity which Augustus Caesar was wont to wish to himself, that same Euthanasia; and which was especially noted in the death of Antoninus Pius, whose death was after the fashion and semblance of a kindly and pleasant sleep.[131]

This was the position increasingly adopted by many eighteenth-century physicians. Gregory argued, echoing Bacon, that it was 'as much the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure disease'. And, not surprisingly, given the prevalence of its use as an all-purpose sedative, the avenues of death were often eased by opium. Buchan, for example, advised that:

> when all other medicines fail, recourse must be had to opium, as a kind of solace. This will not indeed cure the disease, but it will ease the patient's agony, and render life more tolerable while it continues.[132]

Gregory and many of his contemporaries also believed that physicians should remain at the bedside of their dying patients not only as healers but as friends who 'could be agreeable and useful, both to the patient and his nearest relations'. He should not, in any case, withdraw in the presence of a clergyman but assist him if he believed his ministrations were helpful to his patient. If the clergyman was 'gloomy', 'indiscreet' or of an 'enthusiastic' cast, he might harass the patient and, although Gregory does not say so, we can assume that he believed it the physician's duty to protect his patient by having the offending clergyman removed.

Duties of Physicians to Each Other

In his account of the relations between physicians and among medical men in general, Gregory depicted 'the advantages arising

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from two consulting together, who are men of candour, and have mutual confidence in each other's honour'.[133] He warned that the quarrels of physicians were harmful to all concerned, the patient, the contending parties and the profession itself. He was particularly harsh with those of his profession who mistook the true dignity of the profession by refusing to consult with medical men who lacked the proper university training. He emphasized the physician's duty to his patient and its precedence over professional or personal pride. It was not, he insisted, to 'the private police of a corporation, or the little arts of a craft', that this message was addressed, but to the

> duties of a liberal profession, whose object is the life and health of the human species, a profession to be exercised by gentlemen of honour and ingenuous manners; the dignity of which can never be supported by means that are inconsistent with its ultimate object, and that only intend to increase the pride and fill the pockets of a few individuals.[134]

Gregory's discussion of the etiquette of consultation was also a lecture on respect and a plea for candour. He warned that the new hypotheses and theoretical systems, of which students were so enamoured, were of little use to the day-to-day practice of medicine and that, consequently, they were an unsuitable topic of discussion during consultation with another physician. In practice, a physician's experience was superior to his grasp of theory and thus junior physicians must defer to the more senior. Young doctors would do well to reflect that:

> in the course of a few years, their own most favourite theories may be discovered to be as weak and delusive as those which have gone before them; and this should lead them to consider how sensibly they may be hurt themselves, when they find those idols of their youth attacked by the petulant ridicule of the next generation.[135]

He further suggested that the young physician should demonstrate the same respect for those authors who had contributed to the advancement of medicine as they did for their elders because, as he explained, *ad hominem* attacks on past authors such as Hippocrates, Sydenham or Boerhaave, did little to advance medical knowledge. Youthful high spirits, candour and love of freedom might also be usefully employed in exposing 'vain and ostentatious' authors rather than those who 'were no less eminent for their candour and modesty, than for their genius and merit'.[136]

Gregory also addressed at some length an important topic current in the medical circles of his time, namely the continuing

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dispute over the boundaries of medicine and surgery. He explained, in a brief history of this problem, that medicine had traditionally been divided into three parts: first, the regulation of diet; second, the prescription of remedies; and third, the manual operations of surgery. The first two were different in theory but based on the same practice, while the third was separate. He argued first that since the separation between medicine and surgery was based on custom, it could be revised according to changing needs and new knowledge. He suggested that because diseases of the human body were so intimately connected, the surgeon had as great a need of the physician's knowledge as the physician did of his. Gregory claimed that he did not intend to criticize any particular branch of medicine and that every branch of it was inherently respectable. His intention was not simply to 'adjust points of precedence, or deference', but to emphasize that:

> As a doctor's degree can never confer sense, the title alone can never command regard; neither should the want of it deprive any man of the esteem and deference due to real merit. If a surgeon or apothecary has had the education, and acquired the knowledge of a physician, he is a physician to all intents and purposes, whether he has the degree or not, and ought to be respected and treated accordingly.[13]

Gregory's account of the duties of a liberal profession is as much a description of the vices of medicine as it is a celebration of its virtues. In this as in so many regards, he directly takes up the challenge posed by Francis Bacon. Most decidedly a 'speculative man' of 'active matter', i.e. a philosophical or learned physician, he took as his specific task a systematic analysis of medicine's strengths and corruptions. He did not succumb to the temptation of 'magnifying the importance of his profession' and his style and manner, that of the candid inquirer, was not designed to inflame or anger but to conciliate, persuade and educate. Like many critics of medicine, he attempted to describe 'the serpent' – the evil that physicians actually do, as well as what they ought to do.

Gregory's opponents were not exclusively the quack, empiric or lowly female healer but very often his own colleagues, the *bona-fide* members of the faculty of physicians. It was not only the first group who misled their patients, revealed their secrets, abused their trust and frightened them with inappropriate garb. Real physicians were also brusque, proud, petulant and in a continual hurry. Both groups fawned and simpered in the presence of high rank and station, sold

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secret nostrums for quick profits and too hastily abandoned their dying patients. It was these forms of professional misconduct, traditionally viewed as inseparable from the medical character, that, according to Gregory, gave medicine its 'interested and illiberal appearance'.

Medicine and Religion

Of the medical vices enumerated by Gregory, none was perceived to be as damaging as the physicians' purported contempt of religion. Although the accusation of impiety and Gregory's spirited response were virtually set-pieces in contemporary medical literature, his emphasis on the religious character of the physician was central to his scheme of medical ethics. In the end, it was religion that for Gregory underwrote the system of duties upon which all social interactions rested. Like his ideal of medicine, his view of religion was liberally conceived and both were equally paternalistic.

Gregory's views on the role of religion are best illustrated by his discourse on this subject in *Comparative View.* It was in this earlier work too that he developed in detail the analogy between the practice of rational medicine and rational religion.

Religion was for Gregory the cement of all social relations. He described it, like Reid and the other Common Sense philosophers, as a natural or original principle of the human mind, present in all peoples at all times. Hence the belief in a deity and life after death were considered to be universal, even if often corrupted and in need of educational attention. The moral sense was also an original principle and all people therefore had a sense of right and wrong independent of religious belief. But the moral sense was thought to be too weak to act as our sole moral guide, and religion was a necessary adjunct to morals. Gregory explained that, like the moral sense, religious sense was not primarily moved by the evidence of reason but by the imagination. Hence religious infidelity was not a defect of the intellect but of the heart. Nevertheless, religion was perfectly compatible with a philosophic mind as exemplified by the careers of Bacon, Locke and Newton, all of whom, according to Gregory, were as outstanding for their firm support of religion as they were for their contribution to science.[138]

In *Comparative View* Gregory explained that religion had three aspects. It was a body of 'speculative doctrines', 'a rule of life and manners', and a source of certain 'affections of the mind'. It was the second aspect of religion as 'a rule of life and manners' which formed its practical branch and which was the chief support of

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practical morality.

Gregory claimed that the theologians had contributed as little to practical religion as the metaphysicians and abstract theorizers had to the practical arts and sciences, including morals and medicine. The reason, as Bacon had shown, was their taste for speculation. Lost in the regions of 'light inaccessible', speculative theologians who were often 'the most eminent of the clergy for learning and good sense' abandoned the practical arts of religion to men of lesser talent. Thus, lacking the guidance of 'true genius', religion became at best ineffective and at worst fanatical and oppressive. Eventually, like science and medicine it could no longer be seen as a progressive art but merely as the history of opinions.[139]

Gregory had several Baconian axes to grind in his earlier discourse and, as we have seen above, these arguments informed the methodological chapters in his *Lectures*. In the latter, however, his concern was both the threat posed by scepticism and atheism to medicine and the harm done to the profession by the 'heinous' charge of infidelity. While Gregory acknowledged that some physicians had been unbelievers, he argued that it was unlikely that it was the study of medicine that had brought them to this unnatural state. On the contrary:

> An intimate acquaintance with the works of Nature raises the mind to the most sublime conceptions of the Supreme Being, and at the same time dilates the heart with the most pleasing views of Providence.

The physician's heart was further affected:

> Such afflictive scenes, one would imagine would soften any heart, not dead to every feeling of humanity, and make it reverence that religion which alone can support the soul in the most complicated distresses.

Gregory warned that it was likely that a physician who rejected religion also lacked the quality of sympathy which formed such an important part of the medical character. Because religion was as necessary to medicine as it was to morals, he concluded that:

> A physician who has the misfortune to disbelieve in a future state, will if he has common good nature, conceal his sentiments from those under his charge, with as much care as he would preserve them from the infection of a mortal disease.[140]

Benevolent Deceptions

It was not only the sceptic's or atheist's 'truth' that Gregory advised

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physicians to conceal from their patients but those concerning the patients themselves. As we have seen in his *Lectures,* he also claimed that the physician should in some cases deceive his patients about the real truth of their condition[141] and in most cases about the true nature of their prescribed medicines.[142] In each situation he justified the deception on similar grounds. In order to avoid harm to the patient, 'a deviation from truth is sometimes ... both justifiable and necessary'.[143] The patients' desire to know the composition or nature of the drugs prescribed for them was rejected by Gregory on the grounds that the truth was often not compatible with good medicine. There was a natural propensity to value only what is 'covered with a veil of obscurity' and to devalue the clear explanation or appeal to reason:

> A firm belief in the effects of a medicine depends more on the imagination than on a rational conviction impressed on the understanding; and the imagination is never warmed by any object which is distinctly perceived, nor by any truth obvious to common sense.[144]

Unless there were good medical reasons for informing patients about their medicines, the ingredients should not be revealed. Most patients were unable to comprehend the principle underlying the physicians' remedy and, if informed subsequently, believed as little in the efficacy of their medicines as they did in the physicians who prescribed them. Patients who were told the truth about the nature of every medicine ordered for them tended to interrupt the physician in his proceedings 'by many frivolous difficulties, not to be removed to the satisfaction of one ignorant of medicine'.[145]

Gregory was a classic paternalist and the descendant of a long line of physicians who espoused some version of Plato's 'noble lie' or the belief that the 'good' is better than the truth and that there are some occasions when the good of an individual or society required that falsehoods be upheld. 'In the pursuit of happiness', he wrote, 'our beings' end and aim, the discovery of truth is far from being the most important object.'[146]

Gregory's paternalism received its sanction from the Hippocratic injunction 'to do no harm' and, more specifically, from the distinction made by Scottish Common Sense philosophers between the truth of science and that of practical religion and morals.

In his discussion of religion in *Comparative View*, Gregory claimed that there was an important difference between the two sorts of truth. The investigation and discovery of abstract or

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theoretical truth in science was highly pleasing to the human mind, whereas those of the practical world of religion and morals could be unpleasant and harmful. Because morally elevated happiness was the goal of human existence, such truths must be subordinated to this higher end:

> One of the first principles of Society of decency, and good manners is, that no Man is entitled to say everything he thinks is true, when it would be injurious or offensive to his neighbor. If it were not for this Principle all Mankind would be in a State of war.[147]

Gregory's distinction was between theory and practice, encompassing the distinction between the scientific theory of the moral faculties and practical ethics that we discussed in the preceding chapter. Theoretical truth was that of the man of science, the theologian and all 'those who possessed that deep, clear and comprehensive Understanding which constitutes the truly philosophical genius'.[148] The truths of practical religion and morality in their capacity as 'rules of life' were shared by all, or at least by 'The bulk of Mankind' who 'are made to act, not to reason, for which they have neither abilities nor leisure'.[149]

While Gregory's abstract truth was safely contained within the domain of the 'learned world', the truths of religion, morals and all those subjects like medicine 'where the Imagination and Affections are deeply concerned',[150] were on the other hand of great social relevance.

Gregory argued that because medicine or at least its practice was a subject which depended more on the heart or imagination than it did on reason, the 'coldness and severe precision so necessary for the investigation of the truth' had no place.[151] Where, for example, the health of the body was the chief object or 'good', and there was a professional perception that harm could be avoided, the benevolent physician must resort to the noble lie, pious fraud or placebo-appropriately derived from the Latin 'I shall please'.[152] With Gregory's Common Sense ethics, the Hippocratic duty to do no harm received its contemporary philosophical justification. But the great dream of expertise, of the learned physician, secure and unassailable in his carapace of science, remained but a glint in one creator's eye.

Notes

1. A. Campbell Fraser, *Thomas Reid*, Edinburgh, 1898, p. 12.
2. Agnes Grainger Stewart, *The Academic Gregories*, Edinburgh, 1901. Other biographical works on John Gregory and his family include:

Материал, защищенный авторским правом

William Smellie, *Literary and Characteristical Lives*, Edinburgh, 1800, pp. 1–118; 'An account of the life and writings of John Gregory' prefixed to, John Gregory, *A Father's Legacy to his Daughters*, Edinburgh, 1788; Paul David Lawrence, 'The Gregory Family: A Biographical and Bibliographical Study', Aberdeen University, PhD thesis, 1971.

3. George Chalmers' relation to the Gregory family is outlined in Roger L. Emerson, *Professors, Patronage and Politics: The Aberdeen Universities in the Eighteenth Century*, Aberdeen, 1992, pp. 38–45.
4. Smellie, *Lives*, p. 2. *Regenting* (abolished at King's College at the end of the eighteenth century) was a practice whereby a single teacher would lead a group of students through all the subjects in the course of their undergraduate university career. For details of university education at Aberdeen, see Paul B. Wood, *The Aberdeen Enlightenment, the Arts Curriculum in the Eighteenth Century*, Aberdeen, 1993.
5. Alexander Carlyle, *Anecdotes and Characters of the Times*, Oxford, 1973, p. 57.
6. Roy E. Wright-St Clair, *Doctors Monro*, London, 1964. For the scientific interests of Gregory's teachers, see A.L. Donovan, *Philosophical Chemistry in the Scottish Enlightenment*, Edinburgh, 1975, p. 37.
7. John Gregory, *Lectures on the Duties and Qualifications of a Physician*, London, 1772, p. 213. For a contemporary account of the influence of the Scottish student clubs in the development of medicine, cf. G.W. Corner (ed.), *The Autobiography of Benjamin Rush: His Travels through Life, together with his Common Place Book for 1789–1813*, Princeton, NJ, 1948 and A. Hook, *Scotland and America: A Study of Cultural Relations, 1750–1835*, Glasgow and London, 1975.
8. Cf. J. Gray, *History of the Royal Medical Society, 1737–1937*, Edinburgh, 1952, p. 30 and R.J. Mackintosh (ed.), *Memoirs of the Life of Sir James Mackintosh*, 2 vols, London, 1837, Vol. 1, pp. 25–7.
9. Carlyle, *Anecdotes and Characters*, p. 89. For a different account of the Leyden education and its social attractions see G.S. Rousseau, in *Sexual Underworlds of the Enlightenment* ed., G.S. Rousseau and Roy Porter, Chapel Hill, 1988.
10. P. Wood, *The Aberdeen Enlightenment*, pp. 31–4.
11. Lyttelton was a patron of James Thomson, the author of *The Seasons*. For an account of Montagu's Scottish connections see Ian Ross, 'A Bluestocking over the Border; Mrs Elizabeth Montagu's Aesthetic Adventures in Scotland, 1766', in the *Huntingdon Library Quarterly*, 28 (1963).
12. Agnes Grainger Stewart, *The Academic Gregories*, p. 108.
13. John Comrie, *History of Scottish Medicine*, London, 1932, Vol. I, p. 367.
14. H. Lewis Ulman (ed.), *The Minutes of the Aberdeen Philosophical*

Материал, защищенный авторским правом

Society 1758–1773, Aberdeen, 1990, p. 44.

15. Samuel Miller, *A Brief Retrospect of the Eighteenth Century* (1803), 2 vols, New York, 1970, Vol. II, p. 258. Miller observed that the 'most enlarged ideas of literary societies seem to have originated with the great Lord Bacon, who, in his New Atlantis, delineated a plan of one more liberal and extensive than had ever before existed'.
16. Miller, *A Brief Retrospect*, II, p. 259.
17. Cf. Ulman, *Aberdeen Philosophical Society*. Concerning the origins of the Scottish learned societies, see Roger Emerson, 'Sir Robert Sibbald, Kt, the Royal Society of Scotland and the Origins of the Scottish Enlightenment', *Annals of Science*, 45 (1988), 41–72. See also Davis D. McElroy, *Scotland's Age of Improvement: A Survey of Eighteenth-Century Literary Clubs and Societies*, Pullman, WA, 1969; and Paul Wood, *The Aberdeen Enlightenment*.
18. See Ulman, *Aberdeen Philosophical Society*, p. 12.
19. Ulman, *Aberdeen Philosophical Society*, p. 28. For a detailed account of Gregory's scientific interests in Aberdeen, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', *History of Science*, 27 (1989), 89–123. For a wider interpretation, see Stephen A. Conrad, *Citizenship and Common Sense. The Problem of Authority in the Social Background and Social Philosophy of the Wise Club of Aberdeen*, New York, 1987.
20. William Forbes, *An Account of the Life and Writings of James Beattie*, 2 vols, Edinburgh and London, 1806, Vol. I, pp. 73–4.
21. Ernest Campbell Mossner, *The Life of David Hume*, Oxford, 1970, p. 580.
22. Gregory, *Lectures*, p. 14. For an interpretation of Gregory's Common Sense roots, see also Christopher Lawrence, 'Medicine as Culture: Edinburgh and the Scottish Enlightenment', Ph.D., University of London, 1983, pp. 290–302.
23. Gregory, *Lectures*, pp. 24, 76–9.
24. John Gregory, *A Comparative View of the State and Faculties of Man with Those of the Animal World*, London, 1765.
25. Smellie, *Lives*, p. 6.
26. John Gregory, *A Father's Legacy to his Daughters*; Preface by James Gregory.
27. Boswell, quoted in Frank Brady and Frederick A. Pottle (ed.), *Boswell in Search of a Wife*, London, 1956, p. 37.
28. Mrs Montagu, quoted in Ian Ross, 'A Bluestocking over the Border: Mrs Elizabeth Montagu's Aesthetic Adventures in Scotland 1766', *Huntingdon Library Quarterly*, 28 (1963), p. 215.
29. Quoted in Agnes Grainger Stewart, *Academic Gregories*, p. 113.
30. Charles A. Miller, *Jefferson and Nature, An Interpretation*, Baltimore, MD, 1988, p. 247.
31. For Rousseau's influence on Gregory, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', p. 106.

Материал, защищенный авторским правом

32. For a comprehensive intellectual profile of Scotland's enlightened literati, see Richard Sher, *Church and University in the Scottish Enlightenment*, Princeton, NJ, 1985. See also Roger Emerson, 'Science and the Origins and the Concerns of the Scottish Enlightenment', *History of Science*, 26 (1988), 364.
33. Agnes Grainger Stewart, *Academic Gregories*, p. 117.
34. William St Clair, *The Godwins and the Shelleys: The Biography of a Family*, London, 1989, p. 505. St Clair provides a useful survey of the extraordinary extent of this genre at the end of the eighteenth century.
35. Gregory, *Legacy*, p. 31.
36. Mary Wollstonecraft, *A Vindication of the Rights of Woman*, Harmondsworth, 1982, p. 173.
37. Wollstonecraft, *Vindication*, p. 196.
38. Cf. Agnes Grainger Stewart, *Academic Gregories*, p. 122.
39. Cf. Penelope Murray, *Genius, The History of an Idea*, London, 1989, p. 85.
40. Lawrence Stone, *The Family, Sex and Marriage in England, 1500–1800*, London, 1977, p.. And, for example, T.M. Devine and Rosalind Mitchison (ed.), *People and Society in Scotland*, Edinburgh, 1988, pp. 131–3.
41. See Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England*, Oxford, 1989, pp. 189–207, for an account of those additional avenues of publication available to physicians. See also Jan Golinski, *Science as a Public Culture*, Cambridge, 1992, pp. 50–90.
42. Brady and Pottle, *Boswell*, p. 37. Boswell was a patient of Gregory's.
43. The author of an account of Mark Akenside in the DNB, reported that Akenside 'shocked his contemporaries by his brutal roughness and cruelty to the poor'. 'On visiting days', Akenside, according to this account, 'would order his servants (at Christ's Hospital) ... to precede him with brooms to clear the way, and prevent the patients from too nearly approaching him'. DNB, Vol. I, p. 210.
44. For a student's account of Gregory's death see *The Diary of Sylas Neville*, ed. B.C. Hardy, London, 1950, pp. 196–8.
45. Paul Potter, *Short Handbook of Hippocratic Medicine*, Quebec, 1988, p. 31.
46. *Of the Dignity and Advancement of Learning*, (Book IV), *The Works of Francis Bacon*, ed. J. Spedding, R. Ellis, and D. Heath, 14 vols, London, 1857–74, Vol. 4, p. 379.
47. Bacon, *Advancement of Learning*, p. 379.
48. Bacon, *ibid.*, p. 381.
49. Bacon, *ibid.*, p. 383.
50. Cf. Hippocrates: 'The learning of medicine may be likened to the growth of plants. Our natural ability is the soil. The views of our teachers are as it were the seeds. Learning from childhood is analogous to the seeds' falling betimes upon the prepared ground.

Материал, защищенный авторским правом

The place of instruction is so to speak the nutriment that comes from the surrounding air to the things sown. Diligence is the working of the soil. Time strengthens all these things, so that their nurture is perfected.' Potter, *Hippocratic Medicine*, p. 55.

51. David Fordyce, *The Elements of Moral Philosophy*, London, 1754, p. 13. First published in Robert Dodsley's *The Preceptor* in 1748, it was subsequently used by William Smellie for the article 'Moral Philosophy' in the first edition of *Encyclopædia Britannica* (1771). Cf. R.L. Emerson, 'Science and Moral Philosophy in the Scottish Enlightenment', in M.A. Stewart (ed.), *Studies in the Philosophy of the Scottish Enlightenment*, Oxford, 1990, pp. 25–8. Fordyce taught at the other Aberdonian college, Marischal, while Gregory was at King's.
52. Fordyce, *Moral Philosophy*, pp. 5 and 8. It is important to note that the term 'manners' for many Scots of this period still carried with it the connotation of 'morals'.
53. Fordyce, *Moral Philosophy*, p. 7. See Butler's *Fifteen Sermons*, Preface, esp. pp. 3–4, for a more detailed account of some of the key methodological ideas shared by Fordyce, Reid and Gregory.
54. Gregory, *Legacy*, p. 55.
55. Gregory, *Lectures*, p. 10.
56. Cf. Reid, *Practical Ethics*, pp. 50–1 and Reid, *Active Powers*, pp. 587a–88a.
57. *ibid.*
58. For a discussion, see Ludwig Edelstein, 'The Professional Ethics of The Greek Physicians', in *Legacies in Ethics and Medicine*, ed. Chester R. Burns, p. 96.
59. Cicero, *De officiis*, p. 155.
60. This was also the title of the first anonymous and apparently unauthorized version in 1770. When he put his name to the work in 1772, he changed the title to 'duties and qualifications', undoubtedly because 'office' was superfluous, 'duty' being the common synonym (cf. the usual translations of works such as Pufendorf's and Cicero's), but also because the work is centrally concerned with what is required to attain the office.
61. Gregory, *Lectures*, pp. 7–8.
62. Thomas Reid, *Practical Ethics*, p. 129.
63. Bacon, *Advancement of Learning*, pp. 112–13.
64. Gregory, *Lectures*, p. 14. Paul Wood has noted that Gregory's manuscripts reveal that already as a student he aspired to bring about a Baconian reform of medicine. A paper from 1743, 'A proposal for a medical society', was a youthful plan for founding 'a society dedicated to the pursuit of medical enquiries according to Bacon's plan'. It is this plan that we will look at here. For an informative general account of the Baconian roots of the Aberdeen philosophers, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', pp. 90–6.

Материал, защищенный авторским правом

65. Gregory, *Lectures*, p. 14.
66. Gregory, *ibid.*, pp. 72–82.
67. Gregory, *ibid.*, p. 84.
68. Gregory, *ibid.*, p. 89.
69. Gregory, *ibid.*, p. 99. For a recent helpful discussion on this topic see, Paul Wood, *The Aberdeen Enlightenment*, pp. 117–18, and Jan Golinski on the role of rhetoric and philosophical narrative in *Ibid.*, p. 259.
70. Gregory, *ibid.*, pp. 109–10.
71. Bacon, *Advancement of Learning*, p. 117.
72. Gregory, *Lectures*, p. 111.
73. Bacon, *Advancement of Learning*, pp. 109–117.
74. Gregory, *Lectures*, p. 224.
75. Gregory, *ibid.*, p. 150.
76. Gregory, *ibid.*, p. 113.
77. Gregory, *ibid.*, p. 114. In this discussion Gregory acknowledges his obvious debt to Thomas Reid 'who treated this subject with great acuteness in his ingenious *Enquiry into the Human Mind*'.
78. Gregory, *ibid.*, p. 115.
79. Gregory, *ibid.*, p. 120.
80. Gregory, *Ibid*,p. 122.
81. Gregory, *ibid.*, p. 126.
82. Gregory, *ibid.*, p. 128.
83. Gregory, *ibid.*, pp. 129–30.
84. Gregory, *ibid.*, pp. 138–9 and 145.
85. Gregory, *ibid.*, p. 203.
86. Gregory, *ibid.*, p. 223.
87. Gregory, *ibid.*, p. 172.
88. Gregory, *ibid.*, p. 213.
89. Gregory, *ibid.*, pp. 214–15.
90. Gregory, *ibid.*, p. 216.
91. Gregory, *ibid.*, p. 218.
92. Gregory, *ibid.*, p. 219.
93. Gregory, *ibid.*, p. 221. For a clear and comprehensive account of Boyle's contribution to the development of early modern medicine see Barbara Beigun Kaplan, *'Divulging Useful Truths in Physick': The Medical Agenda of Robert Boyle*, Baltimore, MD, 1993.
94. Gregory, *Lectures*, p. 225.
95. Gregory, *ibid.*, pp. 231 and 233.
96. Gregory, *ibid.*, p. 236.
97. Gregory, *ibid.*, pp. 236–37.
98. Gregory, *Comparative View*, p. 203.
99. For an account of the seventeenth-century Baconians of the Royal Society, see Brian Vickers, *English Science, Bacon to Newton*, London, 1987.
100. Quoted in Vickers, *English Science*, pp. 163 and 105.

Материал, защищенный авторским правом

101. Quoted in Vickers, *English Science*, p. 105.
102. William Buchan, *Domestic Medicine, or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, Edinburgh, 1769. For an account of Gregory's influence on William Buchan, see Christopher Lawrence, 'William Buchan: Medicine Laid Open', *Medical History* 19 (1975), 20–35; see also Dorothy and Roy Porter, *Patient's Progress*, p. 134.
103. Gregory, *Lectures*, pp. 19–21.
104. Laurence B. McCullough, 'John Gregory's Medical Ethics and Humean Sympathy', in *The Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 145–58, at p. 158.
105. Baker, *op.cit.*, pp. 149–50.
106. See Hume's criticism in a letter of 28 July 1759, *Letters of David Hume*, ed. J.Y.T. Greig, 2 vols, Oxford, 1932, I: 311–14; and Smith's response in a note added to the second and subsequent editions of *The Theory of Moral Sentiments* (I.iii.1, para.9, note). For discussion, see, for example, Páll S. Árdall, *Passion and Value in Hume's Treatise*, Edinburgh, 1966, pp. 140ff.; and Knud Haakonssen, *The Science of a Legislator: The Natural Jurisprudence of David Hume and Adam Smith*, Cambridge, 1981, pp. 49ff. And see also David Fate Norton, 'Hume's Common Sense Morality', *Canadian Journal of Philosophy*, 5 (1975): 523–43.
107. Gregory, *Comparative View*, pp. 70–1.
108. As usual Samuel Johnson's *Dictionary of the English Language* got it right: 'Sympathy ...: Fellow-feeling; mutual sensibility; the quality of being affected by affection of another.' For a sampling from a wide variety of philosophers of the sense of 'sympathy' and its cognates that McCullough finds so special in Hume, see Shaftesbury, *Characteristics of Men, Manners, Opinions, Times* [1711] ('Inquiry Concerning Virtue or Merit'), ed. J.M. Robertson, 2 vols, Indianapolis, IN, and New York, NY, 1964, I: 298; Butler, *Fifteen Sermons*, ed. T.A. Roberts, London, 1970, p. 23 and Sermon 5 ('Upon Compassion'), esp. pp. 49–50; Francis Hutcheson, *An Inquiry Into the Original of Our Ideas of Beauty and Virtue* (II. 'Concerning Moral Good and Evil'), [1725] 4th edn London, 1738, pp. 239–43; David Hartley, *Observations on Man, His Frame, His Duty, and His Expectations*, London, 1749, Part I, ch. 4, sect. iv: 'Of the Pleasures and Pains of Sympathy'; David Fordyce, *The Elements of Moral Philosophy*, [1754], ed. J.V. Price, Bristol, 1990, pp. 80–1; Henry Grove, *A System of Moral Philosophy*, 2 vols., [1750], 3rd edn London, 1755, II: 450ff.; Abraham Tucker, *The Light of Nature Pursued*, [1768–77], 2 vols, London, 1834, I: 153–5; Thomas Reid, *Essays on the Active Powers of Man*, [1788], in *Philosophical Works*, ed. Sir Wm Hamilton, Edinburgh, 1895, pp. 565 and 592–4; John Prior Estlin, *Familiar Lectures*, I: 13. Writing before Smith, Edmund Burke eloquently expressed the point common to all, but soon to be

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dissected by Smith: 'It is by ['sympathy'] that we enter into the concerns of others; that we are moved as they are moved, and are never suffered to be indifferent spectators of almost anything which men can do or suffer. For sympathy must be considered as a sort of substitution, by which we are put into the place of another man, and affected in many respects as he is affected ...' Burke, *A Philosophical Inquiry into the Origin of Our Ideas of the Sublime and Beautiful*, [1756], *Works of the Right Hon. Edmund Burke*, 6 vols, London, 1854–6, I: 79. Many of these assertions in behalf of sympathy were of course in answer to Mandeville's (and behind him, Hobbes's) reduction of sympathy to self-interest; *The Fable of the Bees: Or Private Vices, Publick Benefits*, ed. F.B. Kaye, 2 vols, Oxford, 1924, I: 66.

109. It should be added that there are other usages of 'sympathy' in Gregory's work, especially a medical one which also seems to have interested Smith, and which is in need of scholarly investigation. See e.g. *Comparative View*, pp. 70–1. This issue will be taken up in the chapter on Rush below.
110. Gregory, *ibid.*, pp. 63–4.
111. Gregory, *Lectures*, pp. 65–6.
112. Gregory, *Comparative View*, pp. 67–8.
113. Gregory, *ibid.*, p. 57.
114. Gregory, *Legacy*, p. 31.
115. Gregory, *Comparative View*, p. 53.
116. Gregory, *Lectures*, p. 19.
117. Gregory, *ibid.*, p. 9.
118. Gregory, *ibid.*, p. 21.
119. Gregory, *ibid.*, p. 25.
120. Gregory, *ibid.*, p. 14.
121. Gregory, *ibid.*, pp. 23–4.
122. Gregory, *ibid.*, p. 27.
123. Gregory, *ibid.*, pp. 28–29, 237–8.
124. Alan Saunders, *Be Candid where you Can*.
125. Henry Home, Lord Kames, *Sketches of the History of Man*, 4 vols, Edinburgh, 1788, Vol. I, p. 314.
126. Mary Wollstonecraft, *Vindication of the Rights of Woman*, p. 86.
127. Gregory, *Lectures*, pp. 33–4.
128. Gregory, *ibid.*, p. 33.
129. Gregory, *ibid.*, p. 54.
130. Gregory, *ibid.*, pp. 58–9.
131. Bacon, *Advancement of Learning*, pp. 114–15.
132. Gregory, *Lectures*, pp. 35–6; Buchan, *Domestic Medicine*, p. 606. The quotations in the following paragraph are from Gregory, *ibid.*
133. Gregory, *ibid.*, p. 36.
134. Gregory, *ibid.*, 39–40.
135. Gregory, *ibid.*, p. 41.

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136. Gregory, *ibid.*, pp. 42–3.
137. Gregory, *ibid.*, pp. 49–50.
138. Gregory, *ibid.*, p. 107, Comparative View, p. 156.
139. Gregory, *Comparative View*, pp. 195–6 and 186–7 .
140. Gregory, *Lectures*, pp. 68–9.
141. Gregory, *ibid.*, p. 34.
142. Gregory, *ibid.*, p. 62.
143. Gregory, *ibid.*, p. 34.
144. Gregory, *ibid.*, p. 62.
145. Gregory, *ibid.*, p. 62.
146. Gregory, *Comparative View*, p. 172.
147. Gregory, *ibid.*, p. 172.
148. Gregory, *ibid.*, p. 173.
149. Gregory, *ibid.*, p. 203.
150. Gregory, *ibid.*, p. 172.
151. Gregory, *Lectures*, p. 24.
152. Cf. Sissela Bok, *Lying*, New York, 1979, p. 65.

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3

Thomas Percival: The Duty of Public Office

Character and Context

Dissenting Background

Thomas Percival was born in 1740 in Warrington. His father, Joseph, was an educated merchant, and both his paternal grandfather and uncle were physicians known locally for their literary accomplishments. Orphaned in infancy and raised by his eldest sister, he received his early education at a private seminary and the free grammar school of Warrington where he was, by all accounts, a diligent though sickly student with an aptitude for classical and theological studies.[1]

According to Percival's son and biographer, Edward Percival MD, his father's choice of a profession was greatly influenced by his uncle, Thomas Percival MD, 'whom he regarded with singular veneration' and whose 'genius and learning presented to his imagination, every attainment suited to the ambition of his future life'. When he was ten years old his uncle died, leaving him the patrimonial fortune and the means thereby to pursue a liberal education. Percival also inherited an extensive library which, according to his son, 'opened to him the invaluable privilege of a familiar access to books from the commencement of his earliest studies'.[2] In 1757 Percival was the first student enrolled at the newly opened Warrington Academy headed by the Rev. John Seddon. In his earlier capacity as Percival's private tutor, Seddon had introduced his pupil to the study of moral philosophy and theology and the pupil's foster mother, the pious Elizabeth Percival, to the tenets of Rational Dissent.[3] Soon after Seddon's arrival in Warrington, the Percival family left the Church of England to join his Unitarian congregation.[4]

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To leave the church 'by law established' and to count oneself a Dissenter was, at the time of the Percival family's conversion, a political act of some consequence. Protestant Dissenters, like Catholics and Jews, were frequently viewed as a foreign group in the nation. Like all religious minorities, they were denied what we would describe as political rights. They could not by law hold public office, sit on a jury, or stand for parliament. To the extent that their religious views were deemed heretical they were also denied freedom of worship. The Act of Uniformity of 1662 restricted the intellectual life and career opportunities of all Dissenters for almost two centuries. The evolution of separate schools such as Warrington Academy was the consequence of the Act of Uniformity (1662) and the Five Mile Act (1665) which required all schoolmasters to declare their adherence, on penalty of a fine, to the articles of the established Church.[5] Furthermore, Dissenters were forbidden to matriculate at Oxford, and Cambridge University required subscription for taking a degree.

Although the repressive laws against Dissenters were not consistently enforced in the eighteenth century, the laws themselves remained on the statute books. Because of the uncertain status of Dissenters they were vulnerable to petty abuse from local authorities, and those who openly espoused Unitarian ideas were even denied the protection offered to other Nonconformists under the Toleration Act of 1689.[6] In 1796, the Dissenting Deputies published a report documenting cases of abuse against the property and persons of Dissenters. The offences included the refusal to marry or bury Dissenting Church members (who were forbidden by law to perform their own rites in their own churches) and attempts to prosecute ministers and schoolmasters for running Dissenting seminaries and academies. After the French Revolution there was an increase in cases of riot, disturbance and arson aimed against Dissenters. A tragic victim of persecution in this period was one of the century's best-known scientists and one of Warrington's most famous teachers – Joseph Priestley, whose chapel, home and scientific laboratory were destroyed in 1791 by Church-and-King mobs in Birmingham, inflamed by the local Anglican clergymen.

At the time when Percival's family joined them, the Unitarians had become a settled and affluent group with considerable political power at the local and regional level. Social historians refer to the 'Unitarian Establishment' of towns such as Warrington and Manchester, and with the expansion of the economy in these places the older Dissenting families built lavish chapels which exemplified their rising status and wealth.[7]

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It would appear that what has sometimes been described as 'marginality' for such Dissenters as Percival and his circle can be viewed more positively as a condition consisting in a combination of geographical and social factors, which 'allows new men to take advantage of new opportunities'.[8] Manchester, Percival's home and place of practice, became in his lifetime the first modern industrial city of Europe and its energetic Unitarian community was comprised of men and women who were among the first to experience the industrial revolution, to share in its prosperity and to recognize and attempt to alleviate the appalling suffering that followed in its wake. Many of the 'new men' were associated with Dissenting academies like Warrington; the philosophy which shaped them and which they in turn so vigorously promoted, played an important role in British and North American intellectual life and society. Percival was one of these men and his medical ethics was, I shall argue, written from the viewpoint of a gentleman Dissenter.

Warrington Academy

In order to understand what this implies, it is helpful to locate Percival's ideas in the specific context of Warrington Academy and the circle of students and the tutors associated with the institution which shared with Edinburgh the epithet 'Athens of the North'. Percival's *alma mater* was one of a long line of Dissenting academies which flourished and declined throughout the century. Its constitution, character, aims and curriculum were, however, as different from its predecessors as from the English universities with which it was often and, in general, favourably contrasted.[9] Warrington Academy is not, of course, the only source that can be given for Thomas Percival's moral-philosophical views. Like so many other medical men of his age, he was educated at the universities of Edinburgh and Leyden and, like them, he travelled on the Continent, in France and Germany, and spent some time establishing connections in London – a typical career path for an eighteenth-century provincial physician. Thus each stage of his medical education provides us with a wider and richer context in which to situate his ideas. Nevertheless, his life-long association with the Academy, first as a student and then as a trustee, active supporter and promoter, suggests a strong continuing identification and sympathy with its aspirations and ideals. For this reason I have chosen to examine what I take to be the most important and original features of Percival's medical ethics against the intellectual background of Warrington Academy.

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Warrington Academy was said to have been 'the earliest and most important institutional style academy in England'. Earlier academies had been either private ventures centred on a single tutor or group of teachers, or of the type founded and supported and consequently controlled by outside funds. It had its own trustees, subscribers and board of managers and, because it was unendowed, it remained free of interference from church organizations. Unlike many other academies it was not a purely local establishment and, while it had Warrington supporters, much of its financial aid and many of its students came from elsewhere. It was one of the most ecumenical of the Dissenting academies, open to students of every denomination from all parts of the British Isles, the West Indies and the American Colonies. The student body included sons of titled persons, commercial magnates, professional men, tradesmen and the sons of impecunious Anglican as well as Dissenting clergy.[10]

Warrington's independence and theological and philosophical pluralism reflected the social aspirations of its supporters as well as the fundamental ideals of the Dissenting cause itself, the most important of which was a view of civil liberty which had as its cornerstone the natural right of every man to freedom of religion and education. The parents of Warrington students sought a useful modern education for their sons, which would prepare them for careers in commerce and industry as well as for the liberal professions, predominantly the church. It was commonly held by Dissenting pedagogues that the English universities were little more than factories for the production of young rakes, and that an institution such as Warrington afforded 'fewer opportunities of incurring habits unfavourable to their morals or improvement'.[11] From its inception Warrington set itself up as an alternative 'university', with different goals, pedagogy, staff, and students from the English universities. In his appeal to would-be subscribers Percival's teacher John Seddon characterized the new academy as:

> well calculated for those that are to be engaged in a Commercial Life, as well as the Learned Professions to give them some knowledge of the more Useful Branches of Literature; and to lead them to an early Acquaintance with, and just concern for, the true Principles of Religion and Liberty, of which great interests they must in future life be Supporters.[12]

There is certainly no mistaking the scorn with which Dissenters viewed the curriculum at Oxford and Cambridge. Joseph Priestley, for example, compared the English universities to 'pools of stagnant

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water, secured by dams and mounds and offensive to the neighbourhood', while the Dissenting academies were more like 'rivers which, taking their natural course fertilize a whole country'.[13] Warrington offered what Percival described as 'general improvement for the sons of commercial men'. For the benefit of those who wished to follow in their fathers' footsteps, the normal five years of study were shortened to three years and the regular liberal arts curriculum broadened to include those 'useful and manly studies preparatory to commercial life'.[14] But as Gregory Claeys points out in his study of commerce teaching at the academies, 'the ideal of Dissenting education was never to create a merely mercantile middle class unable to contemplate higher moral ends'.[15] Along with the political economy and social thought of Scottish thinkers such as Adam Smith and Adam Ferguson, commerce students received an education in the ethics of business or, as one tutor, William Enfield, described his own course, 'Social Duties of the Commercial Kind'.[16] Business ethics at Warrington and other Dissenting academies could be described in much the same manner as Percival described his medical ethics – as a study 'designed to comprehend ... the discipline and moral polity of individuals acting in a specific capacity'.[17] Like medical ethics or the prescriptions of conduct books for women's domestic and social relations, business ethics was 'just one part of the great scheme of social morality', systematized by academic moral philosophy by means of categories derived from the natural-law tradition that was central to much of eighteenth-century higher education.[18]

One of the chief Dissenting ideals was to promote variety in the pursuit of knowledge. The students' mental faculties would be trained by 'multiplying and diversifying [the mind's] activities'.[19] It was held that all branches of knowledge were mutually connected and interdependent and that the great task of science was to understand these connections. As Bacon and the Royal Society had taught, this could never be the work of one man but must necessarily be that of many different minds through many generations. There is also in the literature of Dissenting educators a view (shared by Gregory) of the word 'professional' as having distinctly negative connotations. On this view, to be professional was to be merely proficient. A professional man lacking a classical or 'liberal' education was thus denoted a 'mere mechanic'. A Dissenting liberal education should ideally foster a philosophical and not a merely professional spirit. John Aikin Jr, the famous son of a Warrington tutor, referred to such a plan of general education as the

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'copious scheme of early instruction' which would develop the qualities of mind necessary for 'the unshackled plan of life'. Critics of Dissenting education viewed this as one more likely to create 'smatterers in everything than proficients in anything', but Warrington's tutors defended the broad curriculum as the best means of creating a solid foundation for a life-time of learning.[20]

Like the Scottish philosophy of education, Dissenting pedagogy was also based on the Lockean premise that every man had a right to religious liberty or freedom of conscience. This right, along with the natural right of educating oneself, fell under the head of 'Civil liberty' which Joseph Priestley described as 'that power over their actions which members of a state reserve to themselves and which their officers must not infringe'.[21] The right of a parent to choose his child's education was taken to be outside the purview of the state and the education of children a divine trust put directly into the hands of parents for the promotion of both individual self-interest and the common good. As it was for the Scots, education was a social and communal but not a political matter, though it had important political implications. It was designed to develop useful social individuals who were, as Percival noted, 'fitted to exercise and improve the general scale of human intellect'.[22]

The educational ideals of rational Dissent, and of Warrington in particular, had many similarities with the Scottish pedagogical views previously outlined. Not only did the two groups have theological affinities and a common philosophical background in Bacon and Locke, the natural lawyers and others, but there was a direct and very important Scottish influence on Dissent. As we shall see in more detail later, this was particularly the case with Warrington education. Most of the Warrington tutors, including all of Percival's teachers, received part of their training at Scottish universities, which at the time boasted some of Britain's foremost philosophers. While the philosophical and theological ideas of such notable teachers as George Turnbull, Francis Hutcheson, William Leechman and Adam Smith[23] substantially influenced the curriculum at Warrington and helped to shape the moral views of a new generation of Dissenting intellectuals, it should be noted that this exchange of ideas was reciprocal. As Martin Fitzpatrick has shown, English Dissent also played a significant role in shaping Scottish religious and intellectual ideas.[24]

The principles of free inquiry, the hallmark of Dissenting education, were formally instituted at Warrington by its first master, John Taylor, who wrote in the preface to his course on biblical criticism that it was the students' task:

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> to attend to evidence as it lies in the holy scriptures, or in the nature of things and the dictates of reason, to assent to nothing taught by him [the teacher] except as it appeared to be supported by him and justified by proper evidence; to suspect or reject any principle or sentiment advanced by him which afterwards upon careful examination should appear doubtful or false; and finally to keep their minds always open to fresh truth, to banish prejudice, and steadily to assert and fully allow to others the inalienable right of judgment and conscience.[25]

In the same vein, John Prior Estlin, another Warrington alumnus and student of John Aikin, advised students to be careful to form their own opinions, so that their minds, 'like some noble buildings could be richly furnished with original paintings and not mere copies'.[26] Not surprisingly Dissenting academies like Warrington bred some of the great controversialists of the time as well as those whose literary output was, like Percival's, highly praised for its urbanity and candour.[27]

The Ideal of Candour[28]

Because the word candour appears so often in the moral literary works of the late eighteenth century it is tempting to dismiss it as a buzzword – another convenient expression of approbation like the terms humanity, benevolence and honour. Candour was, nevertheless, like these concepts, central to Percival's ethics and, like them, it was dissected and distinguished from false varieties by him and other Dissenting moralists.

John Aikin Jr. typically described the virtue of candour as a disposition of character which was the opposite of bigotry or prejudice. To be candid, in his view, was to be habitually disposed 'to form fair and impartial judgements on opinions and actions'. In much the same way that Percival warned about the corruption of sympathy, Aikin explained that true candour should never be confused with charity or be viewed as a form of universal indulgence. It did not consist of giving equal credit to each person's explanation of his or her motives or ideas. According to Aikin we should impute to others only what 'the rules of just inference warrant'. Candour could, however, be promoted by emphasizing one's opponent's virtues. We should, in other words, love the sinner not the sin.[29]

Aikin suggested that while, in the case of controversy, each person must respect the right of the other to freedom of inquiry, one's right to such respect was not derived from either existing or

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past authority. Respect was not owed to one's opponent as a matter of law but as one of morals. It was what the natural lawyers called an imperfect right; a right which could be claimed only 'by superior talents and virtues, by disinterestedness and liberality'.[30]

It will not be possible to trace the myriad uses of the concept of candour in Dissenting thought but it is important to emphasize its central function in Percival's *Medical Ethics.* In his study of Richard Price (another close friend of Percival's), D.O. Thomas has forcefully established the wider implications of this idea. In his account, candour involved not only what Aikin described as the disposition to judge fairly, it was also a 'claim that all beliefs should be subject to rational criticism', that, 'in principle, truth can be discovered and communicated' and that an 'appeal to reason is the only legitimate form of persuasion'. True candour also implied an attitude of patience, modesty, dispassion and humbleness in the search for truth and not least 'a sense of the equality of rational agents and a sense of community in the search for knowledge'.[31]

Thomas' analyses of the use of this concept in Price's philosophy is a useful point of departure for an examination of Percival's ethics. This was an ideal he and many other Dissenting thinkers shared with Price and the standard by which their own intellectual activities would be judged. It was, in any case, on this understanding that candour as a personal virtue was also an important social duty constitutive of polite society and polite science. Indeed, for Percival the concept of candour epitomized those qualities of mind which would best help to realize Gregory's dream of 'laying open' medicine.

Interested spectators of the religious controversies of the day, the students of Warrington had impressed upon them the value of 'true' candour. At the same time they also witnessed the fragile nature of those alliances of interest that form such an institution. Apart from its innovative curriculum, Warrington might have offered an exemplary introduction to the problems faced by any institution whose existence depended upon an efficient mechanism for curtailing and mediating internecine rivalry. It is perhaps not surprising that Percival, a graduate of England's first institutional-style academy, should also be the author of a modern code of professional ethics of which a central feature was an innovative guideline for the mediation of disputes among the various orders of medical men in charity hospitals and medical dispensaries. This was an institutional development which he and several of his fellow students extended well beyond the hospital walls, for many became

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founders and organizers of a variety of local institutions, some of which exist to this day. In a new and significant sense of the word, they, and Percival in particular, were quintessentially 'institutional men'.

The general character and aims of Warrington Academy provide us with an appropriate framework for interpreting some of the most important aspects of Percival's medical ethics. In addition, it will be helpful to examine very briefly the attempt by several Warrington tutors to create a curriculum later described as 'the logical development of Dissenting educational theory and practice'.[32]

A New Curriculum

During Percival's student years at Warrington (1757–61) there were three tutors in residence: John Taylor (1694–1761), John Holt (1704–72) and John Aikin (1713–80). All were graduates of Scottish Universities, accomplished scholars and experienced schoolmasters, but it was Taylor and Aikin who had the most influence on Percival's work. John Taylor, the first rector of Warrington and tutor in Divinity, was a well-known Hebraic scholar whose classical knowledge was reputed to be unrivalled.[33] He taught classes in Hebrew, classical languages and moral philosophy, and apart from his many theological works, he wrote two tracts on moral philosophy to be used as guides for his students. Significantly, Taylor's moral philosophy, like his theology, was at odds with Percival's first teacher, John Seddon's. Although both were graduates of Glasgow University, Taylor took a critical view of Francis Hutcheson's scheme of moral philosophy while Seddon, it appears, remained a faithful disciple. In a student guide titled *An Examination of the Scheme of Morality Advanced by Dr Hutcheson,* Taylor argued that while Hutcheson's intentions in putting forward his theory of a distinct moral sense were admirable,

> To make the chief excellency of our nature consist in mechanical instincts, is like making the beauty and activity of the human body to consist in the use of crutches. Crutches assist the motion of a weak, or crippled body; but are crutches therefore the proper principle of bodily motion?[34]

According to Taylor, the real guide to virtue is reason, or 'the understanding' of 'the relations of things', not, as he put it, Hutcheson's sympathy or 'blind, unintelligent instincts'. Percival's tutor John Seddon, on the other hand, defended Hutcheson's moral sense theory. Through this continuation of the debate about the

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